SEX AND THE LOVE-LIFE

EVERY DAY GUIDE TO HEALTH

SEX AND THE LOVE-LIFE

BY

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HAVELOCK ELLIS

Who Has Made an Epochal Contribution
To the Advancement of
Sexual Science
and
Whose Wisdom, Estheticism and Insight
Have Immeasurably Enriched Our Conception
of
The Love-Life

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CHAPTER I

SEX AND LIFE

Meeting Life's Vital Problems—Best Preparation for Life—Countless Manifestations of Sex—Sexual Phenomena—Evils Traced to Ignorance—Primitive Methods of Reproduction—Asexual Reproduction—Sex Makes the Whole World Akin—Sexual Reproduction—Secondary Sexual Characters—Sex More Specialized in Higher Orders—The Two Paramount Urges—Hunger and the Sex Impulse—Savages' Attitude Toward Sex—Ancient Sexual Practices—Sex Symbolism—Phallicism—Nature Worship—Venus Cults—Sacred Prostitution—Lingam and Yoni Symbols—Sexual Coldness—Congenital Frigidity—False Frigidity—Effecting a Cure—Sidetracked Sex Energy—Results of Faulty Education—Puritanical Principles—Celibacy—Ecclesiastical Law—Theological Influences—"Sins of the Flesh"—Early Ascetic Ideals—Error of Sex Denial—Celibacy Not a Normal Life—Effects of Sexual Suppression.

Meeting Life's Vital Problems. Every intelligent person is interested in the vital problems of life. How can we best prepare ourselves to meet these problems, understand their significance, and assure ourselves of the greatest possible measure of health, happiness and usefulness?

This is the most important question in every individual's life experience. It is the basic consideration of every well organized family. The attempt to answer it, in some degree of satisfaction, at least, is society's most fundamental constructive aim. In a sense it is the outward expression of the social conscience. It is the symbol of culture and civilization.

The great public school system, all colleges and universities—the entire educational system, high and low—is

society's most spectacular attempt to prepare youth to meet the problems of life. However, the collective influence of these institutions is but one factor among many.

The home training, teaching and disciplining of children from infancy onward is a constant effort to prepare the young for the experiences of life. That this training so often falls short and proves inadequate is another matter. The point is that every parent worthy of the name wishes to have his or her child amount to something—in other words, to develop into a real manly man, or a fine womanly woman. And to fulfil either of these rôles, one must learn to face life and understand the significance of many of its problems. More often this knowledge is acquired somewhat without conscious realization of the process, and with added difficulty because of the lack of conscious insight.

Only too often it is just missed because a sincere explanation of many perplexing and baffling questions is not given; because, in effect, the mind of the young is not taught in the home environment to look upon natural phenomena in a normal healthy manner.

It is conceded that the most essential preparation for adulthood, and the best safeguard for pre-adulthood, is an understanding of the practical side of life and its ways.

And how inseparably the countless manifestations of sex are bound up with life! Notwithstanding this fact, the great majority of people for generations have been trying to prepare their children for life by leaving sex entirely out of the scheme. It was ignored.

Of course, sex was not eliminated; it was simply—or most complexly—twisted out of its normal place and proportion. But it asserted itself in numberless ways, sometimes disguised, often perversely, and only too frequently with unfortunate results.

The children have by no means been the only victims in this respect. They have carried their lamentable traditions, so long socially approved, over into adulthood, and handed them down much as they had received them. Thus the cycle was perpetuated.

No one can estimate the damage that has been done by the traditional practice of placing a ban on knowledge concerning the sex side of life. Physicians, lawyers and others who are constantly brought into intimate touch with the private affairs of their patients and clients, know that the lives of untold numbers of men and women have been ruined by lack of understanding of their sexual nature, and that innumerable marriages have been shattered by a basic ignorance of sex problems.

There is no denying this fact, however much people will insist upon evading the issue and closing their eyes to the results.

Fortunately, there is a beautiful and constructive side to the problems we must face. Consequently it is only here and there that we need to touch upon and recur to the evils that have come about so largely through the mistaken policy of silence upon some of the most vital facts of life.

What can be a more fascinating and instructive story than the marvel of nature in its methods to assure the continuance of life on earth, and the preservation of the species!

In a felicitous moment, Dr. G. Stanley Hall summed the thought up in these words: *"The history of the world is, at root, a love story."* By this is meant history in its broadest sense—life history, or biological history—and not merely political history, or the stories of nationalistic and racial groups, their struggles, development and conquests . . . and their decline and failures (when they speak of them).

Sexual Phenomena. The very foundation of life, of health and happiness, is rooted in the intricate phenomena of sex. All forms of life, except the lowest, depend upon sex for the preservation of the species. Sex has been described as the tie that binds all life together. It is certainly the most magnetic force in our animated world of many potent forces. When an individual in any species is sexually incomplete, underdeveloped or pathologically afflicted, that individual is usually rendered incapable of fulfilling the biological rôle of reproducing his kind.

When a human being, in particular, is not sexually normal, through whatever cause, whether hereditary or acquired, that condition is a serious hindrance to a healthy, happy life.

Sexual maladies and disabilities may result from many causes, and practically all except those that have been inherited, may be traced to the common source of ignorance. Even many of the inherited afflictions are the result of ignorance on the part of previous generations.

Of course an understanding of sex is essential to a genuine understanding of self. How thoroughly we are influenced by the unconscious expressions of our sexual nature—as well as, at times, by the conscious impulses—will be seen as we go on.

All about us we see the manifestations of sex, and there are many examples that are too remote to see and too subtle for us to notice. The world is filled with countless forms of life, from the tiny, invisible creatures, all the way up the biological scale to the mammals, of which man is the highest order.

All these classes of life are self-perpetuating products of nature, and nature in every case has devised some appropriate methods for the continuance of that particular class.

PRIMITIVE METHODS OF REPRODUCTION

Asexual Reproduction. The most primitive forms of cell life have a very simple method of reproduction. They are the product of *fission* or *division.* The cell grows until it reaches a certain stage, then divides, forming two cells, which are as complete as the mother cell was. These daughter cells follow the same course, a constant and continuous process of dividing, every cell (unless destroyed in the contacts with its environment) becoming a parent cell and reproducing two like itself by division.

Inevitably, in the course of these primitive forms of life, the cells are exposed to numerous hazards and a very large proportion are destroyed, which is fortunate, otherwise the earth would soon become over-run by the rapid reproduction of any one of many of the simple forms of life.

Even in certain fairly high types of plant life, this principle may be seen. In the yeast plant, for instance, a cell of the body of the plant at maturity simply becomes two cells, by division, or pushing out a bud. Each of these two cells then becomes a new individual plant.

Some of the mosses, too, reproduce by the process of division and separation. The different parts separate from one another, then each part develops the missing members and becomes a new plant.

Following this course, any part of a moss that is separated from the parent moss may become a new and complete organism. By this method of division, the moss spreads to such places as it finds food.

With the exception of reproduction by cell division, however, the universal tendency of nature in the lower orders is to effect reproduction in the vegetable kingdom by means

of seed, and in most of those orders of animal life below the mammals, by means of the egg. Both of these methods, however, with the elaborate processes of which the seed or egg is the immediate agency—and has its analogy in mammalian reproduction, including the human—are definitely sexual.

The lower forms are interesting in tracing the steps of biological reproduction up to the higher and more complex forms of life. In sex we find the essential touch of nature that makes the whole world akin, that affords the impetus to the preservation of life and that is, as well, in the higher forms of life, when the consciousness of sex becomes evident, the source of much joy and ecstasy.

Among the lower forms of life, the rôle of sex seems to be the focal center of all life's activities. Everything else, even the search for food, and the preservation of the individual life, may be subordinate to and revolve around the pivot of reproduction.

In the case of certain insects, for instance, the whole development of the individual's life is an elaborate preparation for reproduction—as it is, in fact, throughout all of nature—and when this is accomplished the life-function of that individual has rendered its sole service to the species and comes to an end.

Sexuality Becomes More Complex. As we follow the higher forms in the biological scale of life, however, sex expression becomes more and more a specific act, periodic or occasional, instead of the almost exclusive function of life.

But even where the sex act itself becomes an occasional or periodic function, there are in evidence numerous secondary characteristics of sex which constantly assert themselves without denoting a *conscious* sexual impulse or response.

These secondary sexual characteristics are both physical

and psychic. They give color and beauty and music to the lower orders, and all of these, as well as poetry, romance and idealism, to human life. The gorgeous feathers of the peacock, the majestic mien of the lion, the vocal excellencies of the nightingale, are all the hall-marks of sex in the marvelous handiwork of nature. And, of course, all of these features have their analogies in human life.

Besides the purely ornamental and vocal phases of secondary sex expression, it is also quite universal among animals to display other evidences of the chemical activity that is taking place within them. After all, the mating urge, pubescent development and all other aspects of sexual phenomena, are primarily manifestations of the body's chemistry, consisting principally of the secretions of the ductless or endocrine glands, and their reactions upon the various organs, tissues and the nervous system.

Animals, therefore, show many characteristic forms of sexual interest that are sexual in a secondary manner only. Thus, they disport themselves in various striking poses, contort their bodies in mid-air, hop or dance, spread the plumes of their tail-feathers for the approbation of the opposite gender of the species, and in other ways show a seeming consciousness of exercising a deliberate sex appeal. I say "seeming consciousness," because these actions are purely instinctive, spontaneous and automatic, and as involuntary as the changing of the color of their feathers, fur or hair. The frolicking animals just cannot help themselves. They are expressing themselves, not as their consciousness wills or or chooses, but as their internal chemistry predisposes. This stimulus and response activity is explained in biological works dealing with the tension and release of organic functions.

So in the upward scale of life, sex becomes more specialized and refined until, in certain of the higher orders, it

reaches its finest and highest expression in altruism, self-sacrifice, chivalry and devotion. Many of the higher animals evidence these traits, as well as human beings at their best.

While sex expression becomes more specialized in the higher animals, and more refined in human beings, unless debased in the latter by lustful degeneracy, its latent influence is nevertheless always in evidence. For instance, the child through the whole period of life is being prepared gradually by nature for the florescence which takes place at the adolescent stage and which normally culminates in the full sexual development of adulthood.

THE TWO PARAMOUNT URGES

Hunger and the Sex Impulse. There are two paramount impulses which dominate organic beings. Life is dynamic, the expression of energy. The constant expenditure of energy implies the need for a steady, ever available source of nutrition. Hence, the primary problem throughout all forms of life is and always has been to take care of the food requirements. Under certain conditions, and particularly in the case of primitive man, the struggle for food was nearly always a pressing one, with occasional feasts when the fortunes of the chase broke well. Naturally, this ever pressing need consumed a vast amount of energy—much more than is now required for the satisfaction of the bare instinct of hunger.

Under modern conditions, there is for the great mass of people also a constant economic struggle, but the object is more diversified, and includes many refinements and cultural accessories that have become virtual necessities with the development of civilized habits.

After the universal urge of hunger, which is an expression of the instinct of self-preservation, there comes the quite

equally universal impulse for reproduction, which is just as essential as the former, as it is the instinct for the preservation of the species.

The attempt to prepare to meet the problems of life without recognizing either of these two supreme impulses is doomed to frustration or failure. The problem of nutrition —an economic one—is conceded by all. Every normal person wishes to make a livelihood and to assure himself of the material needs that are so self-evident, even though often so elusive in sufficiency. Practically all training of the young takes this more or less into consideration, and even well in advance of adulthood, the individual is vaguely impressed with the inexorable operation of the economic struggle, even if he does not understand the mechanism behind it.

But how different is the individual and collective attitude toward the reproductive impulse! Here we have a factor with tremendous potentialities for making or marring the individual's life—but the outcome is only too often left in the lap of chance.

The refinements of civilization and the opportunities of culture have extended the ramifications of the sex urge, and intensified the love-impulse. Notwithstanding this increased importance of the rôle of sex in modern life, the subject has received less consideration than primitive peoples have given it, instead of more, as it deserves.

Savages' Attitude Toward Sex. Savages, at least, recognized the potency of the sexual urge, and attempted in their own way to prepare the pubescent boy and girl for the responsibilities involved in the sexual awakening.

In fact, the mysteries of sex have always exercised a profound influence upon the primitive mind. The savage's conceptions of the supernatural were largely colored by sexual

fancies, which, however, is a peculiarity of all primitive religions. Consequently, sex symbolism is one of the oldest of our social heritages. As far back as we are able to trace, we find evidence of man's worship of the reproductive forces of nature.

Among the more primitive peoples, sexual phenomena were sanctified in their normal forms, literally and undisguised. There are still extant countless examples of these early specimens of adoration.[1] In the course of time, however, with the departure from simple, primitive norms, these customs underwent modification and refinement.

As a result, there was a gradual drifting away from the cruder forms of worship of the generative organs and sexual acts, and their literal representations, and symbolic expressions of the earlier practices were substituted. Unnumbered examples of these symbols in social custom and tradition, as well as in material form, some highly disguised, others plainly evident, are to be observed about us in everyday life. Many of these interesting symbolic heritages still show amazing vitality in their hold upon the emotional life and imagination of civilized people.

Within the historic period, various forms of sex worship —notably phallicism (adoration of the generative organs), sacred prostitution and other types—were practiced by the Egyptians, Phœnicians, Pompeians, Greeks, East Indians, and other widely scattered peoples. Not only are phallic images found among the ruins of these races, but they are still in evidence at the present time in the temples of many of their descendants.

Many Variations of Nature Worship. There are many variations of nature worship besides the Phallic and Venus

[1] See *"The Caveman Within Us,"* by William J. Fielding. Pp. 189–203. E. P. Dutton & Co., 1922.

cults, such as the belief in the fertilizing effect of the sun upon the earth—hence Sun-worshippers—and the association of human sexual practices with the fertility of fields.

The best known examples of sacred or religious prostitution are those that were practiced in the temples of the Chaldean *Venus,* whose name was *Mylitta,* as described by Herodotus, Strabo and others, from first-hand observation. Identical voluptuous rites were practiced in Phœnicia, Carthage and Syria, where the *Mylitta* or *Venus* was known as *Astarte.*

Sex worship, by modern writers, is usually referred to as *phallicism*—from the Greek noun that has been adopted into English in its Latinized form, *phallus.* It refers, with its adjective *phallic,* to the male organ of generation.

The legend of St. Patrick banishing the snakes from Ireland merely symbolizes his action in driving out phallic cults, which were represented by the exposure of the phallus, or of the snake representation, one of the most prominent symbols signifying procreation.

In ancient times the image of the phallus, or of the external portion of the female genitalia, was the most popular talisman worn by both men and women as an amulet or charm to bring "good luck." This symbol was also believed to possess the power of conferring virility or fruitfulness upon the wearer. Similar amulets, but more disguised in their symbolism, are still popular articles of feminine adornment.

Other common terms indicative of sex symbolism are the Sanskrit words *lingam* (or *lingham*), signifying the male organ, and *yoni,* the female.

The windows, doors and other apertures of churches and cathedrals are often made in shapes to suggest the *yoni,* and frequently serve as recesses for the placing of religious statuary. These, with other characteristic ecclesiastical symbol-

ism, emphasize the unbroken traditions that have motivated religious feeling by consciously or unconsciously identifying the phenomena of sex with the supernatural.

In considering the subject, *Sex and Life*—the caption of the present chapter—it is not only pertinent, but imperative in an honest discussion of the theme, to indicate the background of mankind's traditions in the realm of sexual interest, as well as to allude to the far-reaching biological implications of sex and life.

SEXUAL COLDNESS

From the immediate individual standpoint, probably no factor has been more responsible for the attempted dissociation of *sex* from *life* than frigidity, or sexual coldness. This statement is made with a full realization of the fact that frigidity, in certain cases, at least, is an effect of other more remote causes.

Congenital and Counterfeit Frigidity. There are different kinds of frigidity, or sexual *anesthesia,* just as there are as many variations in the degree of sexual feeling as there are variations in human temperament. At this point, however, we are interested principally in two specific types of frigidity; first, the congenitally "cold" type, and, second, the pseudo and counterfeit type of coldness.

The congenitally frigid person is one *born* deficient in sexual libido, or sexual feeling; that is, because of some inherent maladjustment of the bodily chemistry, probably in most cases a shortcoming of one or more of the links of the endocrine or ductless gland system, the individual is never able to experience normal sexual desire, feeling or gratification. Little or nothing can be done to improve this condition, unless, in exceptional instances, the specific trouble is amenable

to treatment by stimulating the defective glands so that they will function in a manner approximating the normal. Generally speaking, however, the congenital case may be considered irremediable.

The case of pseudo-frigidity, however, is not an organic defect, but the person so conditioned is subject to such powerful inhibitions through faulty training, irrational ideals, or some shocking experience in early life, that the normal sex feeling has been suspended. Women constitute the great majority of cases of this kind, because, for obvious reasons, they are more susceptible to the inhibiting influences which may bring about this condition. Notwithstanding that it is not "true," or organic, frigidity, it is often exceedingly difficult to overcome. One of the principal reasons for this is that the individual does not want to be cured. It is largely psychological problem, and may be remedied only by psychic re-education. As people usually do not wish to be re-educated—particularly if they are harboring a set of irrational ideas—the difficulty is almost always tremendous, sometimes quite hopeless. However, when such an individual is mentally open-minded enough to recognize the anomaly of the situation and endeavors to overcome the obstacle, she is already in a fair way to gaining the normal state, and some help or advice from a person with real understanding or insight into the problem, will work wonders.

Side-tracked Sex Energy. The woman possessed of psychic inhibitions governing sexual feeling, frequently presents a difficult problem to those who have to associate with her. Often she evidences remarkable energy—the energy that would normally find expression in different phases of the sex and love-life being utilized in other channels of personal interest and enthusiasm. All of this tends to establish a lack

of balance in the emotional sphere, which reflects itself in the woman's activities, however social-minded and idealistic she may be.

This type has its male counterpart, too, although the latter is not so characteristically exemplified as the former.

Of course, the majority of psychically inhibited women do not belong to this class. They are usually house-wives or maiden ladies exacting no attention beyond the commonplace. Their trouble is due in most instances to faulty education, or perhaps an asceticism which has warped their minds with the fixed doctrine that all expressions of a sexual nature are impure, sinful or shameful. When, in trying to live their lives in accordance with this irrational ideal, or at best grudgingly to compromise with an unpleasant marital situation, they are unwittingly flouting the universal laws of nature—and pay the price in soul-suffering for their lack of understanding.

Dr. Nystrom,[1] the Swedish authority, states in this connection: "The greatest number of 'cold natures' is to be found among women who are often so frigid that, during sexual intercourse, they are totally indifferent and are almost like corpses. They are born, go through life eating, drinking, dressing, etc., without a single ray of love to animate and brighten their colorless existence. A misguided, faulty education, founded upon ascetic, puritan principles, is often to blame for such an unnatural condition. There are married women, who feel and express disgust at sexual intercourse with their husbands, and who allow such acts to take place only as a sacrifice, believing themselves doing something sinful or wrong."

The faulty idealism that has been responsible for trying to separate sex from the love-life—a contradiction in itself—has succeeded only in creating incalculable harm. It is

[1] *The Natural Laws of Sexual Life*, p. 24. St. Louis, 1919.

doubtful if it has in the least helped to prevent excessive sexual indulgence; in fact, as extremes usually go hand in hand, it is more probable that the extreme measures of the prudish minded have indirectly stimulated sexual exesses.

CELIBACY

Error of Sex Denial. The idea of the impurity or sinfulness of sexual intercourse is distinctly traceable to theological concepts and precepts. In the last analysis, it is probably associated with the notion of the "impurity of woman," which was an obsession of almost all the early religious founders, and a great deal of the stigma has remained down to modern times.

For instance, ecclesiastical law reads: "Lying-in women should stay at home about six weeks after the birth of a child, because Christian custom and modesty, as well as their own health, demand it; after that time they should be *'churched'* as customary." After giving birth to a child—or, fulfilling the most sacred rôle within the province of womanhood—the mother had to be "purified" before she could be admitted into good church standing.

The ancient Hebrews, who considered women distinctly inferior creatures—as we gather by their traditional customs and writings—looked upon marriage with no little disdain. Their attitude has profoundly influenced Christianity in this, as in many other respects. We find Jeremiah saying: "The earth is filled with marriage and the heavens with virginity." Paul, the real founder of Christian dogma, placed celibacy above marriage, and so puts himself on record most unmistakably in his Epistles to the Corinthians. Indeed, Paul was quite disturbed over the "sins of the flesh." With this as a beginning, the Church fathers further extolled the virtues

of all suppression of sexuality, even to the point of condemning marriage, as some of them did in most uncompromising terms. From this situation arose the obligation of celibacy for priests.

The attempt to deny and proscribe sex is evident in various ways in many religions. The legends have accounted for the birth of the great religious teachers without "sin"; in other words, free from the stigma of sex. Thus, Christ was immaculately conceived; Buddha also was conceived supernaturally. The mother of Buddha was declared to be pure and holy; as, likewise, was the Virgin Mary. A Buddhist monk must not indulge in sexual relations, nor have intercourse of any kind with women. Celibacy is also a tradition among certain priests in China.

Early Ascetic Ideals. The factors involved in the concept that sex expression is sinful, impure or disgusting, are manifestly complicated, having their roots in the very early religious and ascetic ideals of mankind. It must be remembered that when these notions originated, comparatively nothing was known of the nature of the human body, its organic needs and the desirability of rational control of the natural functions of the organism.

The ascetic religions coexisted with cults that swung to the opposite extreme of sexual indulgence, and in part the former were the outcome of revulsion against the sensuous revelry of the time. But this by no means explains all the unconscious motives behind the dramatic attempt to outlaw nature. It is typical of supernaturalism that it should *theoretically* annul one of nature's most inexorable laws. But the law goes on operating just the same, often creating distress because it is not understood, and causing chaos when it is defied.

Celibacy cannot be considered a normal life for a normal

adult individual. There are, of course, persons with some constitutional peculiarity upon whom celibacy imposes no hardship; in fact, persons of this type, often the very finest kind of people, too, are predisposed, for reasons already stated, to celibate lives. But they should not be held up as examples for normal men and women to follow.

Normally constituted people, who through circumstances not of their own choosing have celibacy forced upon them, show quite distinctly the untoward effects of the celibate state.

CHAPTER II

DEVELOPMENT OF THE LOVE-LIFE

Stages of Sexual Development—Friendship and Love—Esthetic Significance of Sex—Love the Refinement of Sexual Impulse—Altruism and Self-Sacrifice—Sex Life of the Child—Sexual Instincts Manifested from Birth—Stages of Progress—The Detumescence Instinct—The Autoerotic Stage—Sucking, an Erotic Pleasure—Erogenous (Love-producing) Zones—Narcissism—the Legend of Narcissus—Self-Love—Prepubescent Period—Love in Childhood—Childhood's Sex Interests Repressed—Sublimation—Erotic Compensation—Cultural Accomplishments—Adolescence—The Boy and Girl—Physical and Psychic Manifestations—What Impels to Love—The Parent Image—Copying Psychological Patterns—Ego and Sex Ideals—The Love Object—Fixations—Peculiarities of the Love-Life—Psychic Impotence—Frigid Wives—Fetichism—Sexual Significance of Fetiches—Anti-Fetiches—Exhibitionism—Normal and Abnormal Traits—Sexual Curiosity—Sadism and Masochism—Homosexuality—Psychological Problem—Environmental Factors—Homosexual Feelings Repressed—Hermaphroditism.

Stages of Sexual Development. The love-life is a most complex phase of our being, physically and mentally, and its influence and ramifications affect, for good or ill, the entire personality. If one has successfully passed through the sequence of stages of sexual development, and upon maturity finds the harmonious adjustment that can only be obtained normally by a felicitous mating, the individual then possesses an invaluable asset to health and happiness.

The gulf that separates the individual so fortunately situated, from those who experience a wide variety of maladjustments of personality and far-reaching neurotic disorders, is often due entirely to the warping, or frustration, of the sexual nature.

In its proper place, we shall consider the successive stages of the love-life, which are important milestones in the development of the individual from infancy to adulthood.

Let us dwell for the moment upon the social, ethical, and esthetic significance of sex and love. On this point, Maudsley, the English psychiatrist, has expressed himself in the following words: "If man were robbed of sexual desire and everything mentally connected with and emanating from the same, almost every vestige of poetry and perhaps all moral sentiment would be torn from his life."

Numerous thinkers, philosophers and observers from time immemorial have reminded us of the measureless influence of our sexual life in non-sexual channels.

Notwithstanding all the authentic testimony of the far-reaching importance of this great biological impulse—which, upon reflection, is self-evident—it has been the accepted policy not to talk about it openly, frankly and honestly. Nevertheless, it has been a never-failing theme of subterranean talk, the inevitable topic in the whispered gossip of the backstairs, and the subject of vulgar witticism and pruriency.

It is true that love in an abstract sense has been exalted literally, sentimentally and romantically as the transcendent, elevating force of humanity.

But what is love, even in its most sublime form, but the supreme refinement of the sexual impulse? And how are we to understand love, and to develop and enrich the background from which it springs, unless we comprehend the vital force behind it?

In asserting that love is the supreme refinement of the sexual impulse, I do not mean that it has been, or should be, refined out of all its vital and inherently human qualities. That process is as spurious as the refinement of a denatured

food product from which all the vital, life-sustaining elements have been removed, leaving nothing but a superficially pleasing residue which at best starves the body, at worst poisons it.

Love, the transcendent, elevating force of humanity, is reflected in its individual expression, in a harmonious development of the socialized impulses, and those individual qualities which typify mental and spiritual growth.

Altruism and Self-Sacrifice. The law of self-preservation is said to be the first law of nature. From the standpoint of the individual, as such, it unquestionably is—but man is a social being and the strength of his social fibre tends to neutralize his purely individualistic, or egoistic, impulses. As a result, "the first law of nature" is every day subordinated to the altruistic impulse of self-sacrifice for others.

Men sacrifice their lives for the women they love; and women for the men they love. The sacrificial ardor of mother-love for the child is too well known to require elaboration. The love impulse extends far and wide and embraces every human relationship where a strong attachment is present.

Of course, a manifestation of this same impulse asserts itself in the animal world as well. While that leads into other and diverging channels which the limitations of space will not permit us to follow, it will be pertinent in this connection to repeat the significant thought expressed in Shelley's beautiful line: "Nothing in the world is single."

This mighty, universal impulse which does so much to make life worth while is indeed a complex thing. Considering how universally throughout nature is the sacrificial aspect of the love instinct, largely automatic in its expression, it would seem to be a biological process, of which sex in its broadest interpretation is the motivating factor.

The complexity of the problem has been mentioned. In the human relationship, the love-life has its manifestations that extend outside of the borderline of *apparent* sexual motivation—although it is undoubtedly a sublimated variation of the primal motive. In other words, the basic instincts which dominate the sexual sphere also contribute to the characteristic form of the sublimated variation, which is a product of the individual's personal life-history. For instance, it is no rare thing for a man to risk his life when a fellow man's life is in jeopardy, as is evident every day in industry, in the field of adventure, in accidents on the street, and in every channel of human activity.

There are Damon-Pythias friendships as well as Romeo-Juliet loves; and there are men and women, and children, too, who have not hesitated to imperil their lives to save a household pet.

Such a tremendous theme is the love impulse that it has always been the principal motif of the poet, the novelist, the artist, and it has been studied and analyzed by philosophers, seers and metaphysicians in all ages. It is responsible for much of the imperishable beauty, ecstasy and sublimity of life, art and literature; and, in its perverted, corrupted and misguided forms, it is equally responsible for some of the greatest tragedies that have scourged the heart of mankind.

Notwithstanding all the age-old philosophizing, romancing and effusions in poetry, prose and art, modern science is teaching us things about the love impulse that are more far-reaching and wonderful than the greatest sages and bards ever dreamed.

SEX LIFE OF THE CHILD

Sexual Instincts Manifest From Birth. In order to understand the constitution of our sexual nature, upon which

the love-life is founded, it is necessary to give a brief review of its unfoldment from the earliest stages. The review will be largely a psychological one, because it is principally psychological factors which so profoundly influence the developmental phases of one's sexual nature. Then, too, the physical aspects of the problem will be discussed at length in subsequent chapters.

Dr. Edward J. Kempf divides the growth of personality into seven stages of autonomic-affective development, each of which has a bearing upon the sexual life, and leaves a lasting influence upon the behavior of the individual.

With respect to age, the stages vary considerably in different children, being influenced as the case may be by retarding diseases, accidents and fearful experiences, and also by intimidating, fascinating or encouraging influences of associates.

While the transitions from one stage to another are quite imperceptible, they may, as a matter of convenience, be classified as follows:

Intrauterine (before birth).
Infantile—Birth to three years.
Preadolescent—Three to ten years.
Adolescent—Ten to seventeen years.
Postadolescent—Seventeen to twenty-two years.
Maturity—Twenty-two to forty-five years.
Decadence—Forty-five to ——.

Not so long ago, the idea that the child has a definite sexual life would have been heresy. That was in line with the refusal to face the facts when sex was involved. Now, however, we know, and it is quite universally conceded by all who have investigated the subject, that the child brings dynamic sexual instincts into the world with him that are manifested practically from birth.

There still may be timid persons who try to deny that there is such a thing as the sexual life of the child, but those individuals pay themselves no compliment when they show a revulsion to that idea. Such an attitude signifies a negation of biological fact; a denial of orderly organic processes; an attempted disavowal of an inexorable cosmic law. Such an attitude is obviously stupid.

Sexuality implies a fundamental instinct of the emotional life, which for many years is governed entirely by unconscious, automatic impulses.

So careful a student and conservative an authority as the late Dr. G. Stanley Hall stated that "We now know that sex life begins in infancy long before it has any localization in the erogenic zones; that its erethism may be stimulated by the pacifier or stoppered rubber nipple as early as the sucking stage; that half a dozen other forms of what Moll calls 'the detumescence [1] instinct' may be cultivated unawares before it is directed toward or dependent upon other persons—that is, before the contrectation stage unfolds—and this in boys and girls alike before anything formally called sex makes its appearance. . . ."

The Autoerotic Stage. The child's sexuality is at first *autoerotic*—a term coined by Havelock Ellis. This means that the child's erotic impulses are turned upon itself, a primitive state which many adults never entirely outgrow—to their misfortune.

In the course of normal development, the erotic attachment becomes transferred to another, or others, nearest to

[1] In this sense, *detumescence* represents the release or discharge of either tension or energy, and may be either physical or psychological. All pleasure may be considered a release of tension of some kind. When the tension is strong, we have pain; hence pleasure or a feeling of well-being always follows relief from pain, because the tension has been released.

the child, usually the mother, or some other member of the family, or the nurse.

In the next stage, during adolescence or perhaps later, in adulthood, when the psycho-erotic life of the individual has suitably developed, it is again transferred to a person outside the family group—constituting what is familiarly known as *falling in love.*

Close students of child psychology have pointed out the fact that the infant enjoys in the taking of food an erotic (sexual) pleasure which it frequently seeks to obtain throughout childhood independent of taking nourishment. Dr. G. Stanley Hall's comment quoted above also alludes to this.

From this tendency, the habit of sucking the thumb or fingers may be formed, with rhythmic movements which grow into a fixed childish fault. Often there is associated with this "pleasure-sucking" a rubbing of sensitive parts of the body, the breast, the external genitals, etc. In this way many children automatically proceed from sucking to masturbation.

It is observed, too, that pleasure-sucking is connected with an entire exhaustion of attention and leads to sleep. The same principle holds true throughout life, *i. e.,* the release of sexual tension—sex gratification in the adult—is conducive to repose and sleep. There is a medical axiom to the effect that *sexual satisfaction is the best sedative.*

From the adult standpoint many nervous insomnias are traced to lack of sexual gratification. It is also known that unscrupulous nurses calm crying children to sleep by stroking their genitals.

It is true that not all children suck their thumbs. It may be assumed that it is found primarily in children in whom

the erogenous tendency of the lip zone is constitutionally pronounced.

Children in whom this erogenous trait is retained become habitual kissers as adults, or if men, they frequently show a marked desire for drinking or smoking. However, if repression comes into play, they may experience disgust for eating and evince hysterical vomiting. Because of the extreme sensitiveness of the lip-zones, the repression encroaches upon the normal desire for nourishment. Psychiatrists report that female patients showing disturbances in eating, such as hysterical globus, choking sensations, and vomiting, have been energetic thumb-suckers in infancy.

The significance of sucking as a sexual pleasure is further indicated by the fact that the mouth and lips remain the most prominent of the erogenous (love-producing) zones throughout normal life, as is evidenced by the function of the kiss.

Narcissism. Childhood is also the state of *narcissism* (self-love, so called after the Greek legend of Narcissus, who fell in love with his own reflection in the pool).

This trait is evidenced in the child's natural interest in, and admiration of, its nude body. The inclination of the child to glory in its own nakedness is nothing to be ashamed of, nor is the existence of an unconscious sexual motive a matter to be horrified over. The child should not be severely scolded for this propensity, as such treatment leaves an exaggerated impression on the young person, and tends to set up repressions in the background of the mind that may lead to future troublesome conflicts.

Undue erotic concentration may best be prevented by a general educational regimen which will direct the mind of the child into various constructive activities suited to its age and development. This is the process of sublimation, or

turning ego-centric, sexual interests into channels of useful social activity.

The basic thought behind the best present-day methods of training youth is to keep them occupied with constructive activities, to permit large freedom of bodily movement and physical development, and to turn their amazing curiosity and inquisitiveness into impersonal channels—that is, fostering an interest in and the desire to learn the secrets of the natural world about us.

Normally, *narcissism* represents a transitory period, and serves a useful purpose in developing an ego-ideal, which in its best sense and in its normal proportions is summed up in the phrase *self-esteem,* or self-respect. It provides the impetus in the ambition to grow up into a worth-while human being.

On the other hand, if the individual remains at the narcissistic level too long, or does not break away from this elementary ideal as completely as he should, he remains over self-centered, vain, egoistic, or even asocial and primitive in his points of view. He does not become a well-rounded adult, nor a full-fledged social being.

A complete adult narcissist is, of course, rare, and he must inevitably be a total misfit in any society. An interesting analogy is offered in the fate of the mythological Narcissus, who becomes so enamored of himself that he spurns the approach of Venus (*i. e.,* the normal sexual relationship), and according to different versions, is killed, or loses his sight, or suffers other symbolic loss of power.

The partial narcissist, however, is common. He is represented by the type of individual whose vanity or egotism is quite out of proportion to what it should be in the case of a social-minded adult human being. Temperamentally and emotionally he is childish.

Our present state of society has been psychologically interpreted as predominately narcissistic. That is, it is still dominated by under-developed, ego-centric impulses emanating from the unconscious background. This accounts for the childish irrational tendencies of social groups, crowds, and—in their most primitive states—mobs.

The Prepubescent Period. Infantile sexuality is quite devoid of centralization and specific organization. It is widely diffused over all parts of the body. As the child approaches puberty, however, the erogenous zones tend to concentrate to the region of the reproductive organs.

Nor are the psychic and social expressions of sexual feeling absent in the prepubescent period. Choice in the matter of affections, jealousy, a leaning toward one of the sexes, and a preference for the parent, or other near relative, of the opposite sex—as so often observed—are widely manifested by very young children.

Dr. Wilhelm Stekel [1] has emphasized the fallacy of the belief that persons fall in love only after puberty. The basic structure of the love-life is already set by that time. The normal person may fall in love even during childhood—usually only in a passive manner, but sometimes intensively. The choice of the love-object, however, is apt to remain independent of sex up to the time of puberty.

The sexual life of the child at the sixth or eighth year is so well established that a pause in the sexual development is often noticeable at this period, producing a comparatively latent stage until puberty. This is attributable to the partial breaking away from the narcissistic goal, and to the larger social world that the child has begun to move in about this period.

Even under these circumstances, especially when any factor

[1] *Peculiarities of Behavior.* New York, 1924.

—undesirable companionship, or otherwise—tends to stimulate sexual curiosity, the latent period may not take place. In this event, the child will continue without interruption in the conscious expression, although possibly well concealed, of its sexual interests.

It is undoubtedly the usual latent period, combined with repression, that is responsible for the common tendency of people to forget their early childhood sexual feelings and experiences. This infantile *amnesia* (loss of memory) which shuts us off from the memories of our earliest childhood, is encountered in every case of psycho-analytical treatment.

Childhood's Sex Interests Repressed. Repression is undoubtedly an important factor in this "forgetting." It is about this time that the child invariably is most subjected to the "don'ts," and "mustn'ts," and "shames" in relation to its sexual life. In addition to the normal development away from crude infantile expressions of sexual interest, there is instilled a feeling that there is something inherently indecent about it, so that the taboo reacts upon the early sexual memories by gradually and effectively forcing them out of the field of consciousness.

The progress of the child in its course of development is well described by Dr. William A. White (*The Mental Hygiene of Childhood* [1]) in the following words:

"The amoral, asocial child of the period of infancy, guided solely by its instincts, undergoes changes at about five years of age, the object of which is to bring the instincts into the service of cultural aims (moral and social). How much these changes are inherently necessary, and thus are independent of outside influences, and how much such influences are responsible for them, it is impossible to state because all children seem

[1] *Mind and Health Series,* Little, Brown & Co., Boston, 1919.

to undergo them; but, too, all children are surrounded by conditions that make such changes understandable.

"These changes consist in general in the suppression, or more technically, the repression, of the frank, instinctive tendencies, an effort to disregard their promptings, and a distinct effort to fit into conventional requirements and make the accepted moral and social standards goals for conduct. This involves an about face for the infant who has hitherto followed only selfish aims. The conduct which has been natural to him up to this time is now no longer indulged in, at least not openly, and if perchance he is discovered in any small self-indulgence his reaction is one of shame. To this nakedness, his overt sex-activities, his curiosity in forbidden subjects, he reacts with shame if in the presence of others, or all conduct along such lines is effectively repressed so that it does not take place at all. Similarly, with such pleasure as grows out of the infant's interest in its bowel movements or in urination. There now arises in place of such pleasure an actual disgust."

Sublimation. The term sublimation, as used in psychology, is taken from chemistry. In the latter science, it means one of the processes by which a substance may be purified. Briefly expressed, sublimation in modern psychology means the turning of the primitive instincts and urges into constructive, cultural or socially desirable channels. This process can be overdone, or the attempt made to force matters too rapidly, or too severe measures may be used. When any of these things occur, deplorable results may ensue.

The child is a remarkable example of energy. This energy must express itself. In childhood, the constructive activities, besides a good educational program, are wholesome play, athletics, character-forming practices, such as at the manual trades and arts, as children "like to make things." Self-discipline inculcated in this way is infinitely superior to that based solely on authority. If the energy of the child is

not taken up in these or similar pursuits, it will tend to vent itself in negative or destructive tendencies.

The turning of the impulses from primitive, egotistic modes of satisfaction to outlets that have cultural and social value is, therefore, a necessary process in the educational development of the individual.

There seems every reason to believe, however, that the transferring of impulses from one goal to another, is not an actual change in the nature of the impulse, but is merely a masked indulgence of the original craving. It is, of course, no less desirable on this account. The evidence of this is especially observable in adult life.

The new activity may be said to stand as a symbol of satisfaction of a former craving. The possibilities that are bound up in this process of sublimation of primitive impulses can scarcely be estimated. All the gigantic achievements of science and art and in every other field of human activity may be looked upon as higher forms of compensation for urges that have behind them a primitive energetic base.

Artistic and literary activities may be mentioned as particular forms of sublimation in which the sexual impulses often play a powerful determining rôle. The sexual motive is unquestionably the principal determiner in these important fields. The artistic conception is realized if the interest is turned from the genital zone to the form of the body as a whole; but the sexual basis is perfectly evident. However, it is a refined, socialized form of sexual interest.

On the other hand, in erotic literature, it is not so much sublimation that is achieved as direct compensation; that is, the author compensates for the impulse to sexual acts by describing them in minute or elaborate detail.

The energy behind all of this effort appears to be funda-

mentally sexual in nature. In this connection, Freud states: "The historians of civilization seem to be unanimous in the opinion that such deviation of sexual motive powers from sexual aims to new aims, a process which merits the name *sublimation,* has furnished powerful components for all cultural accomplishments. We will, therefore, add that the same process acts in the development of every individual, and that it begins to act in the sexual latency period."

From the practical standpoint, an interesting comparison may be made between successful and unsuccessful sublimation in everyday life, which may readily be noted from casual observation. A neurosis has been described as an unsuccessful attempt at sublimation; or a pathological substitute for sublimation.

Adolescence. The whole organism undergoes distinctive changes during the adolescent period. From the physiological angle, however, it is definitely typified by the convergence of the erotic impulse and affections upon the pelvic or genital zone, with a rapid development of the physical organism as a whole.

Accompanying this physiological revolution, there is a corresponding change in the psychic manifestations. Love fancies are now centered about the personality of a person of the opposite sex and when the practice of masturbation is indulged in, it is usually preceded by or associated with fancies directed toward the love-object. In the preadolescent stage, when masturbation is practiced, it is generally more or less due to automatic and experimental stimulation, with relatively little preliminary fancy.

The more general changes that begin to take place at this time are too well known to need detailed description. Characteristically, in the boy, we observe the sprouting of

the beard and pubic hair, a more rapid enlargement of the testicles and reproductive organs, and an acceleration in the growth of the body generally.

In the girl the breasts and the pelvis assume the adult female characteristics, and the processes of ovulation and menstruation begin. Internal changes also make themselves felt in numerous ways, signifying the unfoldment of the sexually mature individual.

Psychologically, adolescence in both sexes is characterized by moods and a cycle of changing impulses. There are enthusiasms and depressions, periods of optimism and pessimism, tranquillity and restlessness, alternating with each other, that are more pronounced than at any other period of life.

In the high-strung youth, after a transitory depression, the unrest may become feverish; all activities are performed with alacrity, and if there be an obstacle, it is a spur and not a deterrent. Fatigue is for the time forgotten in the second-wind of dauntless energy. If the youth is in love, he is now hopeful and confident, and perhaps impatient of waiting in the development of his romance.

At times this is a very trying period of transition, with a dominating sense of pessimism. It prompts some youths to rash and impulsive acts, to compensate for their feeling of inadequacy. Others are inclined to solitude and introspection, depending upon the temperament of the individual. Another type, less common, may find it a somewhat pleasing and sweet melancholia—a continuous day-dream, living in an unreal world, a rather sorrowfully exquisite mirage.

The adolescent youth in his most sensitive moments is often discouraged by the great chasm between his ambitions and his powers of attainment. His wishes and ambitions are definite enough, but his efforts seem futile and vain, or

at least woefully inadequate. He is depressed with the feeling that his aims are unrealizable.

Extremely sensitive adolescents, particularly where there is an hereditary strain of instability, may give way to the seemingly over-powering situation. Thus, *dementia præcox* (the insanity of youth) usually begins to manifest itself about this time, or in the post-adolescent stage.

In these influences from the subtly rotating functions of the organism, Dr. G. Stanley Hall tells us, "the impulse of virility beats, and the momentum of heredity advances, pauses and intermits. Through all the years of probation before marriage, we receive waves of energy from nature which we are to sublimate and convert into ever higher cultural advances. Thus, we ripen by control for effective parenthood when its consummate hour comes."

SEXUAL ATTRACTION

The attraction of one sex for the other is one of the fundamental principles of life, in all forms of life. Nature, which is responsible for this condition, has created a situation that often borders on a dilemma. Nature takes little or no account of the social conventions or of the cultural demands of civilization. If we do not by commonsense and sound judgment make arrangements for some harmonious adjustment of our innate forces and our environment, then we suffer.

Throughout the whole animal kingdom the chief end of life is to make one sex attractive to, and attracted by, the other sex. Among the lower animals, this characteristic is more obvious than among human beings, even though the actual mating season may be in many cases periodic instead of continuous as in mankind.

The attraction of a human being for a person of the op-

posite sex has a remote background in our biological heritage. The instincts which promote this attraction work for the most part unconsciously. Their biological motive is reproduction, or race propagation, although, of course, their actual expression toward this end forms only an infinitesimal part of their activity in the social life of a civilized human being.

In every normal person there is a conscious or unconscious thrill, however slight, upon sight of an attractive person of the opposite sex. More often this reaction of the magnetism of sex is unconscious, as in facing the conditions of modern reality, we cannot concern ourselves with every passing object that pleases us.

Nevertheless, the unconscious thrill is invariably present, and we sometimes consciously reflect it by casting a second glance, or manifesting some other form of sexual interest which we may or may not care to recognize as such. This unconscious trait of our psychic make-up is not very discriminating. It goes out to all fairly attractive members of the opposite sex.

There is, however, one feature of our unconscious love emotions that evidences a marked discrimination. Why is it that each of us instinctively takes to, or shows a preference for, a certain type of individual of the opposite sex? Why is it that so many people fall in love at first sight—often to fall out again as soon as they get a chance to become acquainted?

This characteristic in us works so subtly that we may fail to realize that there are types to which we are attracted—and others that we are not attracted to at all, or are repelled by.

Nevertheless, we all realize that we may meet certain people that interest us (consciously) from the very first, and we do not know the reason why. All our reasoning may tell us

that there is nothing in the individual that warrants a second thought, and yet we are attracted sometimes in spite of ourselves and quite strongly. This is an expression of the unconscious love impulses in action.

WHAT IMPELS TO LOVE

The Parent Image. Practically all our elementary likes and dislikes, loves and hates, are derived from patterns we unconsciously copy in infancy and early childhood. In the course of late childhood and finally adulthood, they are subject to modification and elaboration, but very rarely are they discarded or reversed. It might be safe to say, without wishing to be dogmatic, that almost never are they entirely eliminated—certainly not in the great majority of cases.

Children, of course, unconsciously pattern their emotional responses after those nearest to them—normally their parents, or parent substitutes. The very earliest impression is concerned with the infant's nutrition, and sense of well-being generally—that is, the warmth, caresses and other comforts that are the result of its mother's attentions.

Infants and very young children, before they know anything about relationships, therefore develop a close attachment to the mother as the source of food supply and comfort. She becomes synonymous with these terms in the infant's purely reflex desire to satisfy hunger and to relieve the tension of physical discomforts. The child's affective or emotional life in this way becomes conditioned to associate satisfaction and pleasure with the mother. The mother is *identified* with the good things and comforts of life.

The influence of this primal feeling upon the child's emotional sphere in all its phases is tremendous. With the evolution of the affections, the sentiments, and the love-life, the

picture of the mother in the background remains a pattern to measure the prospects of future comforts and satisfactions.

From the standpoint of the sexual problem as such, the male child specifically carries this mother image in his psyche, without, of course, realizing it, as the instinctive guide in his future seeking for the love-object.

The character of this mental picture largely governs his future attitude toward all members of the opposite sex. Its normal characteristic is flexibility, and adaptation, and like all other primitive human qualities, it should develop and run its course. Nevertheless, in a more general way, it always remains as an index to determine the man's preferences among the members of the opposite sex, and for the specific object of his love in particular.

Now from the standpoint of food and physical comforts the girl infant should be, and is, as much attached to the mother as the male child. But here is where those subtle factors of the sex or love-life enter in. We know that at a very early age, the girl child shows a disposition, normally, to discriminate in expressing her affections in favor of the father.

Of course, the father, too, is a source of satisfaction and comfort, as he caresses the baby, often devoting much time to administering to its welfare and pleasure in his home hours, and in many ways identifies himself in the child's mind with loving care and protection. So, perhaps, he becomes to the little one a symbol of these desirable traits. The very fact that he acts as nurse extraordinary only part time—instead of being on twenty-four hour service, as is the case of the average mother—makes him more attentive to the child's wishes and more lenient with its faults, thus enhancing his nobility and grandeur in the child's eyes.

So we see how at a very early age, the little girl begins to

center her affectional interest in her father, who in this way becomes in the course of time her conception of the ideal of the opposite sex. Therefore, in later years, when the girl takes an interest in young men she is unconsciously influenced by her father's traits of character or physical attributes, and encourages those who may possess such traits or attributes, and promptly discourages those who do not. It is true that these identifying characteristics may be remote or far-fetched —but nevertheless, if it is a real love match, her lover in some important respects measures up to the psychic image of her ideal (her father).

It might be asked why does the male child normally pattern his sexual ideal after the mother, and the female child after the father?[1] That is so far one of the secrets of nature—we only know from observation upon human beings, and from observation and experiment upon animals, that it is so. It will be remembered also that we discussed in the preceding pages the sexual attraction of one sex for the opposite sex that exists throughout nature.

When, in unusual cases, because of abnormal home conditions, the child learns to accept the parent of its own sex as the ideal for a mate, there is apt to develop a tendency to homosexuality, or some other aberration of its love-life.

[1] On the other hand, the development of the ego-ideal works just the other way about. Normally, every young boy looks upon his father as the ideal of manhood, and the male child hopes some day to be a "big, strong man like daddy." This is so whether the father is really big and strong or not; he seems all-powerful in the child's small world. Therefore, quite unconsciously, the boy normally makes the father his ideal of manhood—just as he has made his mother the ideal of womanhood, to whom later in life he will unconsciously compare all other women, and they must be in some way identified with, and measure up to, this sexual ideal that is indelibly registered in his mind. The whole situation, of course, is just reversed for the girl, both as to the ego ideal, and the sexual ideal.

There is no limit to the points of parental resemblance, real or imaginary, that the lover may find in the object of his (or her) love. The likeness may be extremely slight, something about the hair or its color, the eyes, the walk, an attitude, perhaps most often a similarity in the matter of figure. It is not a complete or definite personality, but rather a collection of idealized fragments.

Maybe there is usually a more tangible resemblance that we give the lover credit for. Years ago, Karl Pearson was puzzled to find that the color of eyes was more alike in man and wife than it should be in first cousins, according to biological theory. As a man tends to marry a woman resembling his mother, and a woman tends to marry a man resembling her father, the color of the eyes must be among the first of all likenesses seized upon to awaken the admiration that ripens into love. As the percentage of men who have inherited the color of eyes of their mother, and women the color of eyes of their father, is very great, it offers a practical theory for this point of common resemblance between husband and wife.

Fixations. When this unconscious idealization of the parent image is developed to an abnormal degree, so that it becomes a literal measure or precise pattern for comparing the love-object, instead of more or less a symbol, as it normally is, then we have a troublesome fixation. A great deal of unhappiness in many marriages is due to either the husband or wife being obsessed with a parent fixation. Naturally the spouse—the wife, for instance—does not measure up to the rigid standard of her husband's childhood ideal of the mother—who was sort of a super-being, because she supplied all wants—which still dominates his love-life.

The characteristic case is a neurosis, and it indicates that the subject has not modified or outgrown his conception of

an infantile ideal. In effect, the man so conditioned is still psychologically tied to his mother's apron strings. This is no idle figure of speech, but the plain labeling of a fact.

It is a distorted memory that the man possessed of a mother fixation is unconsciously worshipping—a living replica of which he is ever trying to find as the ideal mate. But he is doomed to disappointment and failure, because such a being, the living phantasy of his mental image, does not exist.

This is the unidentified factor that causes many persons to remain unmarried throughout life. They are unable to find the non-existent mate they are seeking.

There are less severe cases, where a strong tendency in this direction prevails, without a disruption of the whole love-life. Men feel some vague element lacking in their marriage relations. They realize that the woman they have chosen is a good wife, but there is some misgiving that they sense but cannot definitely recognize. If they could be brought to understand that they are simply trying to measure up a very human person with a non-existent ideal or glorified symbol, they would have the key to the whole situation.

A fixation is recognized as the cause of some cases of impotence—called "psychic impotence," because there is absolutely no physical reason for the impotent condition. Furthermore, in most cases of this kind, the man is impotent only with certain women, and not with others. This indicates that he has unconsciously identified the woman with whom he is impotent, with a member of the mother-sister class. On account of the natural revulsion to incest, he is unable to consummate the sex act. Some wives are frigid for the same reason. The husband is identified too closely with the father fixation. This is a point of practical interest, because impotence and frigidity are recognized as basic causes of marital disharmony.

The common occurrence of "love at first sight" is unquestionably based upon the instinctive association of an unconscious ideal in arousing the emotion of love. Relatives and friends usually say in these cases, "What in the world can she see in him?" or "What can he possibly see in her?" But there is some subtle attraction at work, which has never been explained so satisfactorily as by the theory of an unconscious sex ideal formed by the experiences and associations of infancy and childhood.

ABERRATIONS OF THE LOVE-LIFE

Fetichism. We have observed the indelible psychic impression that the parent of the opposite sex makes upon the mind of the child. It has been implied that it is not so much a complete picture of a personality that is idealized as it is a collection of fragments. These fragments that leave their impression upon us—as they do on everyone—become in normal life symbols that awaken pleasing sentiments; or, abnormally, fetiches that obsess the mind of the individual harboring them. In a sense, we are all fetichists in some degree.

When, for instance, a man obtains sentimental satisfaction in preserving a lock of hair or handkerchief or glove of his sweetheart, or of someone else dear to him; and when a woman treasures the flower or other object worn by her lover, we have examples of fetichism that are quite normal and socially acceptable.

In all cases, forgotten memories of infancy and childhood are the bases of fetiches. They represent fragments of early experiences to which there is attached an emotional response. Normally these unconscious memories lead one to admire certain features or characteristics of members of the opposite sex.

When an individual becomes so fixed with an obsession that his principal interest is concentrated on a certain part of the body, such as the foot, or hair or on some object that is associated with that part, such as the shoe or a garment, then it is recognized as a perverse condition, or fetichism.

The greatest amount of fetichism seems directed toward the hair, ankles, feet and breasts. It is common for fetichism to be focused on inanimate objects, such as handkerchiefs, shoes, stockings, petticoats and hair ornaments, which are suggestive of the parts of the body upon which these objects are worn.

In its relation to the love-life, true fetichism may be considered an erotic displacement in which the sex impulse is concentrated upon an object which has only indirectly an erotic significance. There is a fixation upon a symbol, instead of the normal reaction of sexual interest. It is said that many fetichists enter a business which gives them the maximum opportunity; thus, some becoming shoe salesmen to indulge their fancies to the utmost.

Anti-Fetiches. Objects or qualities which depress or destroy the erotic impulse may be called anti-fetiches. Any stimuli which cause an unpleasant reaction, such as obnoxious odors, a disagreeable tone of voice, an ugly feature of the face or figure, an awkward appearance, bad taste in dress, etc., are apt to adversely affect eroticism. Therefore, when one of the opposite sex by any of these means arouses disgust, the *anti-fetich* paralyzes the sexual appetite, and even a symbol of the objectionable object may cool love.

Exhibitionism. In commenting upon the sexuality of young children, reference was made to their delight in observing and showing their nude bodies. This is a normal state of early childhood emotional development, and is normally

overcome by the child's sense of modesty, which is inculcated by training and social repression.

There are some people, however, who never really outgrow this psychological stage, and their sexual life remains at the exhibitionist level as long as they live. This form of perversion is not rare. The extreme pathological type of exhibitionist obtains sexual gratification only by exposing himself to members of the opposite sex. The normal sexual relation does not interest him.

Like other abnormal states, exhibitionism is simply a normal condition highly magnified, or greatly exaggerated. By this I mean that there is a modified form of exhibitionism in everyone, and that it is not only socially unobjectionable, but it serves a constructive purpose to the individual.

The opposite trait to exhibitionism is sexual curiosity—the abnormal type being designated as the *voyeur,* or "Peeping Tom."

These traits are directed by the unconscious psychic processes and are bound up with the secondary characteristics of sex. As examples of modified exhibitionism, we may record the propensity of women to wear low-necked gowns and dresses, short skirts, sleeveless waists, transparent fabrics, and similar dress and undress effects, which permit more or less display of the flesh and figure, and this affords an unconscious, and also a conscious, gratification of woman's impulse to exhibitionism. Other characteristic examples are certain hair-dressing arrangements, picturesque hats, various poses and attitudes, and other evidences that tend to emphasize the sex appeal of femininity.

Prominent among men's exhibitionist practices are modes of dress that display or suggest masculine strength, such as square-cut or padded shoulders, athletic costumes and numerous actions and affectations which have as their motive the

conscious and unconscious desire to attract the interest and win the admiration of the fair sex.

Sadism and Masochism. *Sadism* (a term derived from Marquis de Sade, a French novelist who exploited perversions and cruelty of man to woman) is the trait in our psychic make-up which causes us to get satisfaction by inflicting pain on another. Its operation is manifold, as well as subtle, and more extensive than we might care to admit. It is exemplified in the child who teases or injures household pets and punishes animals; and in a symbolical way by destroying dolls and toy animals. It is most strongly evidenced in the bully and all individuals who subject others to acts of cruelty and punishment. In a lesser degree, this characteristic is manifested in teasing, tickling and petty annoyances of a like nature.

A pronounced degree of sadism is shown by parents who whip their children, men who beat their wives, women who hen-peck their husbands, boys who look for fights, successful soldiers, pugilists, football players, and pugnaciously aggressive persons.

In its purely sexual aspect, sadism is manifested by the individual (usually male) who obtains satisfaction by inflicting pain on his sexual partner. It may be present in slight degree, so that the aggressor is quite unconscious of the impulse, or it may be pronounced, causing real pain and injury to the other party. The most extreme pathological form of sadism is typified in the Jack-the-Ripper, who gratifies his perverted passions by atrocious means.

Masochism (from L. von Sacher-Masoch, an Austrian novelist whose favorite theme was cruelty practiced on self) is also a characteristic inherent to some degree in everyone. While less noticeable than sadism, its opposing trait—because it is a passive rather than an aggressive impulse—it is no

less widespread. The two qualities are ever present in every individual, although in widely varying proportions, and constitute one of the several ambivolent features of our personality.

Ambivolence relates to the state of having opposing impulses, and the experiencing of opposite feelings, at the same time. Thus, the ego and sex characteristics of each individual are made up of groups of opposing traits, the sum total of which constitutes one's personality. Everyone has both sadistic and masochistic qualities; tendencies to exhibitionism and sexual curiosity; homo- and hetero-sexual feelings, etc.

In the sexual realm, masochism is evidenced in the person (usually female) who obtains sexual gratification by being subjected to a certain amount of pain during intercourse. The sex act is usually accompanied by some slight suggestion of pain to the woman, although in the proper relations not the slightest harm or injury is done. Rather, the situation is symbolized—*i. e.*, in the mastery of the male; the submission of the female.

There are male masochists in the pervert class who experience sexual gratification by submitting to beatings, usually hiring prostitutes or others for that purpose.

As the individual progresses along cultural lines, his primitive sadistic-masochistic characteristics are sublimated in socially acceptable channels.

Homosexuality. This is a state in which one is sexually disposed toward members of the same sex. It is normally a primitive trait of childhood, which prevails up to the time of adolescence, but which may and sometimes does persist in adult life. The opposite, and normal condition, is called *heterosexuality.*

Young boys and young girls usually have little interest in

the opposite sex—in fact, they are frequently scornful of members of it, excepting, of course, the idealized parent of the opposite sex.

On the other hand, they form strong friendships with members of their own sex. Prominent in the classification of adolescent homosexual attractions are the school friendships of girls, which are known variously as "crushes," "flames" and "raves." Elaborate romances are sometimes bound up in these attachments, with their courtships, love letters, jealousy and other manifestations of erotic affection. Havelock Ellis states that while these alliances are sometimes sexual in the physical sense, they often are not so, but are full of "psychic erethism."

The subject of homosexuality, and its causes, is too involved to go into at length. Suffice to say at this point, however, that it would seem to be largely a psychological problem, due to faulty early environment, and sometimes possibly accentuated by an irregularity of the endocrine glandular system.

It is believed that an over-attachment by the male for the mother, or other female—the fixation which has already been discussed—is one of the principal determing causes. In this way the boy unconsciously patterns his psycho-erotic reactions and conduct after those of his mother, and as her sexual interest normally is in men, the boy's, too, gravitates in that direction, so that in adulthood he has sexual feeling only for persons of his own sex. The over-attachment of the girl for the father may result in the homosexual woman. In most cases probably the homosexual feelings are repressed.

Hermaphroditism. When the generative organs of the two sexes are combined in a single individual, the condition is known as hermaphroditism. True hermaphrodites—possessing the complete genitalia of the two sexes—are not

known to occur among human beings. So-called hermaphrodites, however—having the normal organs of one sex and some of the genitalia of the other sex in a rudimentary form—are not rare. They are usually females in whom the clitoris has assumed an extraordinary development, so as to resemble the male penis. In exceptional instances, this development is so large, and the power of erection in that organ is so complete, that it can be used in coitus with another female. While an imperfect connection can thus be held, it would not lead to conception, on account of the absence of semen, the male fertilizing element.

In the lower orders of animal life, however, perfect hermaphrodites are not an unusual phenomenon. Hermaphroditism, indeed, becomes more frequent in proportion as we descend the biological scale, until, in some of the very lowest species, there are none but hermaphrodites—each individual being both male and female, capable of impregnating itself and bringing forth young without assistance from another individual of the species.

CHAPTER III

MAN'S SEXUAL NATURE

Comparison of the Male and Female—Represent Different Types of Eroticism—Anatomy and Physiology of Male Sex Organs—The Penis—The Glans—The Prepuce—Circumcision—The Testes—The Vas Deferens—The Epididymis—The Seminal Vesicles—Cowper's Glands—Prostate Gland—Urethra—The Seminal Fluid—Semen—Spermatozoa—Internal Chemistry—Ductless Glands—The Hormones—Interstitial Glands—Chemical Aspects of Sex—The Endocrine System—Thyroid—Parathyroid—Pituitary—Adrenals—Thymus—Pineal—Pancreas—Insulin—Activity of Male Sex Organs—Nocturnal (night) Emissions—A Normal Episode—Diurnal (day) Emissions—Man's "Change of Life"—A Preparation for Senescence—Period of Sexual Decline—The *Don Juan*—A Constructive Period Ahead.

Comparison of the Male and Female. Throughout nature, with few exceptions as in the case of certain insects, the male is more *aggressive* and *dynamic* in the erotic domain than the female. In making this statement, I do not wish to imply that the female naturally is lacking in sexual feeling or sexual interest. On the contrary, these factors play as large a part in the life of woman as they do in man, but they assert themselves in a *different* manner.

Woman is *relatively* passive, but in the normal functioning of that passivity there are involved amazing potentialities within the scope of her love-life.

Woman's sexual nature, because of her biological rôle, is normally less dominated by a powerful urge that seeks specific expression, less centered upon the immediate goal of concrete sexual experience. It is more diversified and expresses itself in more general affectional channels.

Because woman's sexual feelings are less centrally condi-

tioned, she is placed in the somewhat paradoxical position of bearing excessive gratification on the one hand, and suppression on the other, better than man. This does not mean that either excessive gratification or suppression is harmless to woman. The pathology of womankind is only too largely a history of the results of these two factors. Generally speaking, either condition has been thrust upon her by circumstances—grossly discriminating social customs and traditions—quite beyond her control.

In dealing with the pathology of man's sexual life, we find less suppression because his dynamic sexual urges have never to any considerable extent submitted to suppression, and when he has over-indulged himself sexually, he has paid a greater physiological penalty than has woman.

"Love in woman," remarked Lombroso, who is always interesting, although sometimes inaccurate, "is in its fundamental nature no more than a secondary character of motherhood, and all feelings of affection that bind woman to man arise not from sexual impulses, but from instincts, acquired by adaptation, of subordination, and of self-surrender."

Lombroso's conception of the factor of motherhood (actual or potential), as having a predominating influence on woman's amative life is correct, but his denial of the sexual character of that impulse is wrong. He considers the term "sexual" in too restricted a sense. The whole function of motherhood, and all the instincts and impulses that lead to it, and that are concerned with woman's reproductive life, are decidedly sexual.

The same authority finds proof of the comparative sexual indifference of woman and of the greater sexual need of man in the existence of prostitution, with which can be contrasted the existence only among degenerate groups of a small number of male prostitutes.

He also refers to the prevalence of the sexual psychoses in men, which are so rare in women, as an indication of the greater intensity of sexual desire in the former. In addition, he refers to a series of facts, for instance, to the occurrence of so-called platonic love, which though often hypocritical, has a real existence more often in the female sex than in the male; to the more enduring chastity of girls, and to the ready adaptation of women to polygamy, which sociologists have noted, as well as to their generally more consistent observation of monogamy.

ANATOMY AND PHYSIOLOGY OF THE MALE ORGANS

A knowledge of the structure and functions of the sex organs is essential to an understanding of the sexual question. When one is able to visualize the remarkable mechanism of the reproductive system, he will have a more wholesome respect for his sexual gifts, and a greater appreciation of their responsibilities.

Unlike the corresponding organs of the female—which are nearly entirely within the body and concealed—the penis and testes of the male are external organs.

The Penis. The *penis,* also called the "membrum virile," is a muscular organ composed of erectile tissue containing numerous blood vessels. An analysis of its structure discloses that it is of three parts or bodies extending lengthwise, bound together by fibrous tissue. Two of these cavernous bodies, or *corpora cavernosa,* constitute the major portion of the organ. They are situated above the *corpus spongiosum,* a spongy body. The latter has running through it the urethra, the outlet both for the urine (from the bladder), and the seminal fluid (from the reproductive glands).

The numerous small blood vessels, with which the penis

is supplied, under the influence of sexual excitement, flood the organ with blood, causing it to become erect or rigid. This condition is known as an *erection.* Anything, therefore, that interferes with a free supply of blood to this tissue impairs the physiological function of the penis.

The Glans Penis. The conical-shaped body at the end of the penis is called the *glans.* This extremity is equipped with delicate nerves of sexual sensibility. There are glands on or near the inside ridge of the *glans penis,* the secretion of which, when proper cleanliness is not observed, tends to accumulate and become offensive, and may cause irritation or even inflammation. Boys and young men in particular should be informed of the importance of frequently bathing these parts, and if one has a long or tight foreskin, or *prepuce,* special attention is desirable.

The *prepuce* is the skin at the end of the penis which folds over the glans. When it is too long or very tight, causing the annoyance described in the preceding paragraph, a slight surgical operation, called *circumcision,* should be resorted to. This is a fairly common procedure, and is becoming more widely advocated as a hygienic measure. Among certain religious groups, notably the Hebrews and Mohammedans, it is a rite and traditional practice of great antiquity.

In the case of primitive man, who was practically unprotected by clothes and subjected to the hazards of the wilderness, the prepuce undoubtedly served a real purpose, but with civilized man, it is an unnecessary appendage, often a disturbing factor, and had better be removed.

The Testes. The testes, or testicles, are a pair of flat, oval-shaped bodies, about one-and-a-half inches in length, enclosed in a sac of thin muscular tissue called the *scrotum.* The average weight of a testicle is about half an ounce. Its function is to prepare the principle elements of the sexual

secretion, or semen, of which the most vital constituents are the spermatozoa.

The testes are suspended in the scrotum by the *spermatic cord,* which consists of loops of muscular tissue, the *vas deferens* and blood vessels, all bound together by connecting tissue. Usually, the left testicle hangs a little lower than the right one, but the reverse is sometimes the case, and this is not to be considered an unfavorable condition. The veins of the cord are large and numerous and are arranged in a network called the *spermatic plexus.* When these veins are enlarged, the condition is known as *varicocele.*

The glandular tissue of the testes is composed of a number of lobules, made up of fine tubes, arranged in fibrous compartments. The fine tubes converge into larger ones, and finally emerge from the testicle by connecting with a larger coiled tube, called the *epididymis.* This is the beginning of the excretory duct, or outlet, of the testicles, and from this it is continued in a long single tube, the *vas deferens.*

During fetal life, while the unborn baby is in its mother's womb, the testes develop within the abdominal cavity, just below the kidneys. They gradually descend from this position until, at about the eighth month, they pass out of the pelvis and into the scrotum. An arrestment may occur at any point in this process of development, interfering with the descent of the testes. Or they may descend after birth. When this occurs, they usually descend in the course of the first week or two, but they may remain up in the pelvic cavity for several months before assuming their normal position.

Usually men with undescended testicles—a condition known as *cryptorchidism*—are sterile, although there are exceptional cases in which fertility is evinced. The sterility is due, not so much to the position of the testicles, but to the fact that when undescended they are generally imperfectly

developed, and therefore do not secrete and function properly.

When one testicle only is descended—a condition known as *monorchidism*—the person may be as fertile and as virile as a completely normal man with two testicles in the scrotum. Undescended testes may be placed in their proper position by surgery. Sometimes the undescended testicle becomes a source of disease and its removal is desirable.

The Vas Deferens. The *vas deferens* is a single small tube about two feet in length, extending from the epididymis upward into the pelvic cavity, forming a long loop, coming down beside the bladder, where it is dilated into a sac-like structure called the *ampulla,* and finally dipping beneath the base of the bladder, connecting with the *seminal vesicles.* From this point it enters the prostate gland, and connects with the urethra, the exit through the penis, of both the urine and the seminal fluid.

Vasectomy is a surgical operation for the cutting or tying of the vas deferens, and of course when performed on both spermatic ducts causes complete sterility. (It is analogous to *salpingectomy*—the cutting or tying of the Fallopian tube—in the female.) Vasectomy is the measure used for the sterilization of confirmed criminals and the hopelessly insane in those states and countries where sterilization is legalized. It is a slight operation, and does not inconvenience or alter the mental or bodily character of the person operated upon; nor does it affect the potency of the individual.

Cowper's Glands. *Cowper's glands,* which are identified in the usual illustrations of the male reproductive organs, are small, rounded bodies about the size of a pea. They furnish a small quantity, amounting to about a half-dozen drops or slightly more, of a clear, sticky secretion for lubricating the glans penis preparatory to the sexual act. The Cowper's

secretion also has another function. The male urethra, it will be remembered, is the outlet not only of the semen, but likewise of the urine. The latter is acid in its reaction, and as the vitality of the spermatozoa is impaired by acid of any kind, the alkaline secretion of the Cowper's glands neutralizes any acid that may remain in the urethra, thus protecting the spermatozoa in their departure from the male generative organ.

A few drops of this secretion may appear whenever there is strong and prolonged sexual excitement, even when the sex act is not contemplated. The occasional appearance of this sticky secretion, under sexual excitement, has often caused young men to worry over the occurrence when they have not known its significance. They may have been led to believe they were losing a vital fluid, as quacks allege in their lurid and misleading advertisements. They may be told they are subject to "spermatorrhea" (involuntary discharge of semen). It should therefore be emphasized that this preliminary secretion from the Cowper's glands is a natural phenomenon during sexual excitement, and is not a sign of debility or disease.

The Prostate Gland. The prostate is a muscular gland about the size of a horse chestnut, surrounding the urethra at the neck of the bladder. Its function is principally sexual, as the gland is not essential to urination.

The component muscular fibres and structures surrounding the prostate, however, assist in maintaining the closure of the bladder and in expelling the urine and seminal secretion. In a diseased state, the prostate is increased in size, and sometimes causes considerable inconvenience and trouble. *Prostatitis* is not an uncommon complaint.

That portion of the urethra which goes through the prostate is known as the *prostatic urethra.* This is a very im-

portant section of the channel. In it are situated nerves of urinary desire and sexual sensibility. A diseased condition of these nerves may produce, among characteristic results, increased desire to urinate, derangement of the procreative function, such as impotence, and other disturbances.

The *prostatic urethra* also contains the openings of the two ejaculatory ducts and *prostatic ducts.* There are fifteen or twenty of the latter on each side. On account of the extremely complex nature of this section of the urethra, the seriousness of gonorrheal infection of these parts, when the disease becomes deep-seated, is readily apparent. When the gonorrheal germs—*gonococci*—become lodged in these tissues, they are extremely difficult to eradicate, and it requires the most expert attention and prolonged, careful treatment to effect a complete cure.

The Seminal Vesicles. The *seminal vesicles* are a pair of lobular pouches situated below the base of the bladder. They serve as reservoirs for the seminal secretion, and also contribute a secretion of their own to increase its bulk.

The *vesicles,* which vary in size in different individuals, are really coiled tubes, with numerous compartments. Each vesicle has a duct which joins with the *vas deferens* to form the *ejaculatory duct.* The ejaculatory ducts are about three-quarters of an inch in length, extending upward from the base of the prostate.

The Seminal Fluid. The seminal secretion, or semen, is a whitish, albuminous fluid of characteristic odor. It contains a number of elements, the most important of which are the *spermatozoa.* These are small, pollywog-shaped bodies, about 1/500 of an inch in length, with triangular, flattened heads and whip-like tails, upon which they depend for their power to propel themselves. When alive and healthy, they are continually in rapid motion. They can be seen only with

the aid of a powerful microscope, and were first observed in 1677.

Generally speaking, male fertility depends upon the number and vitality of these tiny organisms. It is believed that many millions of spermatozoa are given out by a normal healthy man in an ejaculation. The semen is a mixture of secretion from three principal sources—*i. e.,* the testicles, seminal vesicles and prostate.

From the foregoing, it will be observed that the seminal fluid, which starts from the testes, passes into the epididymis, thence through the vas deferens into the seminal vesicles to be stored up for future use. During ejaculation, it passes into the prostatic urethra through the ejaculatory ducts, and thence on its course from the penis through the urethra proper.

THE INTERNAL CHEMISTRY

The Ductless Glands. As important as is the seminal secretion, the internal secretion (*hormone*) is even more vital to the individual. A man may be sterile—that is, incapable of becoming a father—and still be a fine physical specimen of manhood, with an equally vigorous mentality.

A man, however, who lacks the internal sexual secretion, whether congenitally, through disease, or deprivation by surgical operation, loses the source of the physical attributes of manhood and psychic maturity.

The effect of loss of the male internal sexual secretion can best be observed on eunuchs—men who have been deprived of their testicles. Authorities who have made a special study of eunuchs declare they are generally characterized by mental inactivity, timidity, lack of enterprise, selfishness, envy, fanaticism, mysticism—a mixture of childish and neuter-sex

traits. There appear to have been a few exceptions—eunuchs who have risen to positions of importance.

In any event, we know that the sexual hormone determines the shading of the characteristic masculine development or lack of it. If the hormone is deficient in quality or quantity, or is absent, the man tends toward the secondary physical attributes of the woman, with the corresponding psychic disposition. That is, he is inclined to narrow shoulders and broad hips, rounded breasts, lack of beard, layers of fat underneath the skin instead of a more muscular development, a high pitched voice, effeminate features, mannerisms and idiosyncrasies.

The internal secretion (as distinguished from the semen) of the testes is produced in the *interstitial* glands or tissue, meaning "spaces between." These glands are so closely interwoven with the tissue producing the external secretion (semen), that it is only in later years that they have been differentiated, although the double nature of the testes have been known for a long time—since the early experiments in castrating animals and birds.

The *interstitial* glands are made up of small islets of large cells held together by connective tissue and are located between the seminal fluid-producing tubes. These cells are known as the *cells of Leydig*, from their discoverer.

Whereas the spermatic fluid of the seminal glands is carried out of the body by way of the genito-urinary canal, the hormone of the instititial gland is poured directly into the blood.

Chemical Aspects of Sex. Glandular secretions, among other physiological factors, play a paramount rôle in the sexual life of man. It will not be denied that these secretions may be influenced by the mind—as an attitude, or state of mind, always in some degree reflects itself physiologically by

acting upon the ductless glands, either by inhibiting, stimulating or modifying their action to some extent.

From this it must not be assumed that by trying to cultivate a mental attitude, for instance, centered upon celibacy, continence will be easy, or even possible in many cases, if a normal state of body and mind is to be maintained. Some of the most significant and candid self-revelations (as the *"Confessions"* of St. Augustine) of the tortures of sexual suppression have been given by those who have subjected themselves to long continued continence on religious grounds.

In the first place, the assumption of an arbitrary suppression of the sexual instinct by will power or force of mind on the part of strongly sexed natures is such a violation of nature's intent that it sets other internal forces at liberty which work to a contrary purpose. A terrific internal conflict results, which interferes with the individual's performance of constructive tasks. Even if he succeeds in maintaining a state of celibacy, it is often at the price of health, productiveness and mental balance.

Undersexed men, who may be considered subnormal types, physiologically, although sometimes highly endowed otherwise, will not be subjected to this tormenting stress. People of this type are frequently held up as models for normal men to pattern their conduct by. This is manifestly illogical.

Contraction of the muscles of the different organs, and the action of glandular secretions, although primarily controlled by the sympathetic nervous system, are also influenced by the spinal nerves and bodily conditions, or irritations (*peripheral stimuli*).

Thus, the secretion of semen in the testicles is influenced by the brain as well as by the sympathetic nervous system. Under ordinary conditions, the secretion of semen is more or less constant, but by some special irritation, either occurring

within the sexual organs, or of a psychic nature, the secretion may be considerably accelerated.

This is a recognition of the interrelationship of mental and physical influences within the organism. Indulgence in erotic thoughts and in erotic conversation tends to increase the seminal secretion, which may be released either by night emission, coitus, or masturbation.

The acknowledgment of the mental factor in influencing the erotic life by no means denies the illogic of trying to *suppress* the normal sexual nature by the effort of mind.

Physiological and material factors also work toward the stimulation of the secreting activities of the sex glands, which will cause the mind to focus on erotic subjects. The eating of rich, highly seasoned foods and an excess of meats and other proteins, especially by people of sedentary habits, will so react upon the metabolism and physiological processes that the activity of the sex glands is stimulated.

While the relationship of the glands to the rest of the organism is clearly reciprocal—one influencing the other—the fact must not be overlooked that the glands are in one respect dominant. By this, I mean that all the characteristics, physical and mental, of the individual are predetermined by the particular glandular make-up which the individual has inherited.

This phase of glandular influence refers to the whole system of the endocrine, or ductless glands, and not merely to the sexual glands, which are but one link in the chain. The endocrine glands as a whole determine the specific type of each one's personality, the shape and growth of the skeleton, the character of the teeth, the distribution of the flesh, the color of the eyes, hair and complexion, and numerous other phases of our physiological being.

This includes, of course, our sexual type, and determines

whether one is inherently of a strong, passionate sexual nature, moderately constituted in this sphere, or subnormal. All of these conditions are subject to various degrees of modification by the countless influences that come into our lives, but none of these can change the inherent *type* of our personality.

Dr. Llewellyn F. Barker, of Johns Hopkins University, First President of the Association for the Study of Internal Secretions, has summed this thought up in the following words:

"More and more we are forced to realize that the general form and external appearance of the human body depends, to a large extent, upon the functioning, during the early developmental period, of the endocrine glands. Our stature, the kind of face we have, the length of our arms and legs, the shape of the pelvis, the color and consistency of the integument (the skin), the quality and regional location of subcutaneous fat, the tonicity of our muscles, the sound of the voice, the size of the larynx, the emotions to which our exterior gives expression, all are to a certain extent conditioned by the proclivity of our glands of internal secretion."

On account of the importance of the endocrine system, the influence of which we have been describing, it will be desirable to name the principal units, in addition to the sex glands. They are as follows:

Thyroid, located at the frontal base of the neck, astride the windpipe, near the larynx. Its secretion has been named *thyroxin.* It is particularly concerned with energy production.

Parathyroids, four tiny glands about the size of a wheat grain, situated near the tips of the thyroid. They control the lime metabolism in the body, and influence the excitability of nerve and muscle.

Pituitary, a small gland, situated at the base of the brain, behind the root of the nose. It is divided into two parts, anterior and posterior. The secretion of the former regulates the skeletal growth of the body, while the secretion of the latter (*pituitrin*), controls the tone of the nerve cells, the involuntary muscles, the brain and sex organs, etc.

Adrenals (or suprarenals), two duplex glands, shaped like a cocked hat, set astride the kidneys. The outer portion of each gland is called the *cortex,* and the inner portion the *medulla,* or core. The secretion of the adrenals is called adrenin, or *adrenalin.* These are the glands of combat, and control energy production to meet emergencies. They are the physiological source of "second-wind."

Thymus, the "gland of childhood," is located in the chest, astride the windpipe. Its function in childhood seems to be to prevent too rapid growth and too early maturity of the organism. With the approach of adolescence it atrophies.

Pineal, a cone-shaped gland in the head, behind and above the pituitary. Its secretion is believed to influence sex and brain development, puberty and adolescence.

Pancreas ("sweetbreads"), located within the abdomen near the solar plexus. It produces both an internal and external secretion. Its internal secretion is *insulin,* which has received much publicity in connection with the treatment of diabetes. The function of the pancreas is the control of sugar from the liver. Atrophy or improper functioning of this gland, preventing the storage of sugar in the liver, makes it impossible for the body to burn up blood sugar (glycogen) for its energy. This is the condition known as diabetes. It has been compared to a leaking coal bin, which deprives the furnace of sufficient fuel to generate the steam required to run the engine.

ACTIVITY OF MALE SEX ORGANS

Nocturnal Emissions. With the oncoming of adolescence and the rapid progress toward maturity of the sexual life, the generative organs begin their period of activity. The seminal secretion already referred to, is now produced, finally creating a tension which results normally in a periodic, involuntary discharge of the fluid during sleep. These discharges are called *nocturnal,* or night, emissions. Colloquially, they are often referred to as "wet dreams." They usually begin around the age of fifteen or sixteen, although there may be some variation either way. If an emission occurs very early, or at the onset of puberty, the amount of fluid discharged will be small. In a fully developed man leading a continent life, it may be copious.

Because of the general lack of understanding of sexual questions, these emissions have been greatly misunderstood, and the first experience of this kind has frightened many a boy. Furthermore, the quite regular occurrence of the emissions has a tendency to make some boys and young men anxious and melancholy, as they have a feeling that these episodes may be the result of some error in their conduct, or signify a sexual derangement.

The young man may wake up in the night and for the first time find that he has had an emission from the sexual organs. If he is unprepared for the event, the discharge of the sticky secretion will undoubtedly frighten him, and may prove a source of worry that will be extremely depressing.

If forewarned of the occurrence, however, he will immediately recognize it as a definite sign of approaching manhood, and instead of feeling alarmed, will rest reassured and content in the knowledge of his new status of evolving manhood

that this event implies. It is the worrying over the situation which causes depletion of vitality, loss of appetite and a general feeling of ineffectiveness.

While the more widespread dissemination of sexual enlightenment during the first quarter of the twentieth century has helped the young man to understand his sexual problems, there must be countless numbers of boys and young men who have not been adequately informed on this subject.

Quacks, under the guise of so-called "specialists" in *men's diseases,* have made the most of these occurrences by advertising to cure "lost manhood," "nervous debility," etc. The cunningly written advertisements have been deliberately worded to refer to nocturnal emissions, and have secretly terrified many an uninformed youth who has associated the extravagantly illuminated and misrepresented symptoms with his own experience.

The young man may be assured that occasional emissions at night, ordinarily two or three a month, are perfectly natural and may be expected. There is, however, some variation in the frequency of the discharges and they may occur either more or less often than the average of twice or three times a month. Too frequent night emissions are apt to be weakening, and indicate that the youth is perhaps too preoccupied with erotic fancies, or is injudicious in his diet.

Eating heavily of proteins—eggs, meats, game, fish, etc., and rich, heavy foods, will cause an increased amount of secretion, and necessarily, of course, a more frequent relieving of the tension by an emission. The diet might be modified by cutting down the meats, eggs, and other proteins, and eating more liberally of fruits and fresh, green vegetables. This will also promote the activity of the bowels, a healthy token in general.

If the young man permits himself to dwell upon erotic

fancies or sexual thoughts, this is apt to reflect itself in erotic dreams often accompanied by an emission. The too frequent occurrence of the nocturnal discharge will impress the thoughtful youth with the advisability of revising his mental habits, turning them into channels less erotic or sexual in character. This mental reorientation is best accomplished by directing the thoughts into broader, impersonal fields, and engaging in physical and manual activities, athletic pursuits, etc.

One should not sleep on his back, as this position is conducive to emissions, particularly when the bladder is distended, causing it to press against the seminal vesicles.

Other predisposing causes are alcoholic drinks, sleeping in too warm beds, lack of cleanliness of the penis, hemorrhoids, and intestinal worms.

There are some men seemingly virile and leading continent lives who appear to have no night emissions. At least they have no actual discharge of semen, but whether the actual secretion escapes in a more subtle and inconspicuous way, cannot positively be stated. It is possible that a man who is not strongly sexed may secrete the seminal fluid very slowly, and it may be absorbed or eliminated in small quantities during urination. So if a man is otherwise normal and healthy, and does not consciously experience nocturnal discharges, it is no cause for alarm.

Diurnal, or day, emissions are sometimes experienced instead of night discharges. When they occur, it is usually a reflex mechanical process, taking place at the time of bowel evacuation, and perhaps caused by the muscular action of the pelvic regions upon the vesicles. This form of emission is comparatively uncommon, but is of the same significance as the nocturnal variety, and should occasion no concern, unless it takes place too frequently.

MAN'S "CHANGE OF LIFE"

The phenomenon of a "change of life" is not commonly associated with the man. This event has been considered quite the exclusive experience of the woman. There is no question, however, that between the ages, approximately, of forty-five and fifty-five, man enters another epoch of life, and that every side of his personality reflects in some degree the change that takes place.

Dr. Bernard Hollander,[1] the prominent English neurologist, remarked that "Nervous symptoms are also common when men appoach middle age, and, like women, undergo the 'change of life.' "

In the majority of cases, these changes occur so gradually that they are hardly perceptible. Nevertheless, there are profound constitutional changes taking place, which react both on mind and body, second only to those that occur at the epoch of puberty.

It might be said that this period is one of preparation for senescence—as puberty is one of preparation for the cycle of vigorous manhood which normally follows. Senescence, however, does not necessarily mean that beginning with the sixth decade, man is doomed to a profitless and uninteresting final span of life. At least this is not essentially so, although economic conditions are not generally favorable to the welfare of a great majority of people who have passed their prime.

The period of a man's life after sixty, whether it happens to be long or short, offers many possibilities for rich and vital experience, in some respects surpassed by no other stage of life. The important thing is to maintain sufficient con-

[1] *Nervous Disorders of Men*, London, 1916.

tacts with life, to keep the viewpoint fresh and receptive, and the mind clear and active.

Fresh air, sunshine and mild exercise will help the body and preserve the vitality, and even the state of mind will reflect itself in a general constitutional way. So in every sense it is necessary to keep from mental stagnation which so many people settle into at the period of life we are discussing, and the stage immediately preceding it.

With reference to this period, Dr. Hollander states: "One of the chief constitutional symptoms is a tired condition, often implying an instinctive feeling that work, exertion, and effort are not always entirely worth the doing. Physiologically and psychologically, energizing by itself is no longer felt to be so necessary. The tired feeling often leads to a lowering in the desires and ideals. Pleasures that cost little and imply small exertion are preferred to pleasures of the higher sort that need some strenuousness to attain them. Bad habits begin to show their cumulative effects, and the recovery after indiscretions is less certain and slower. There is a slackening of the intellectual powers with inability to concentrate the attention, and diminished energy. The intellectual processes are both retarded and more difficult. There is no longer the same initiative and inspiration and former concentration. In intellectual workers the imaginative power is diminished, hence it is difficult for them to originate new work. In consequence, they become dissatisfied with their occupation and lose self-confidence."

These symptoms and characteristics are not given as indications of senility, but of man's "change of life." It might be inferred from Dr. Hollander's statement that these tendencies are the inevitable consequences of that stage of life.

I believe it can be demonstrated, however, that they are

often the effects of erroneous modes of life, rather than normal characteristics. Only too often men permit themselves throughout their whole adult life to fall into slovenly mental habits. They have had closed minds from the beginning, largely because of petty educational and social influences, which have prejudiced them against any ideas that do not come within the pale of the prevailing stereotyped notions which they have embraced.

With these conditions, it is only natural that the average man at this period, when there is the beginning of a decline in his constitutional vigor, should rapidly lose what capacity he has had for tasting the fruits of intellectual adventure.

The mind in these stagnating circumstances might be compared to the muscles of the body that have become weak and flabby through lack of exercise. The mental processes have long since lost their plasticity and capacity for functioning except in the most circumscribed orbit, and even here the mental powers soon feel the blighting shadows creeping over them.

PERIOD OF SEXUAL DECLINE

There is normally a decline in sexual potency and desire at the male climacteric, although by no means is it to be inferred that the powers of sex are seriously disturbed at this period. They should last for many years longer, but there is not the same sexual robustness that prevailed at the high-tide of masculine vigor. This is natural, and is based on solid biological grounds. In the realm of nature generally, the male by this time has exercised his biological function as a progenitor of his kind and has made his contribution to the continuance of the race.

However, it is not unusual for a man to become obsessed

with worry over his diminished potency, and sexual hypochondria is by no means rare. It sometimes happens, too, that concomitant with the diminishing of the sexual powers, there is an increase in desire which so often results in a neurosis.

This is particularly true of the *Don Juan* who has poured his passions prolifically upon the fires of Venus' altar, and in the twilight of his sexual activity the glowing embers of past memories inflame and mock his lusts, which he lacks the potency to feed. When the *Don Juan* finds himself in the throes of impotence, the burden of his lamentation is "Oh, for a month, a week, a day of my youth!"

As the normal reproductive period of life has been passed, the climacteric for both sexes may be considered the stage of readaptation of the bodily machinery to a more modified functional activity.

The physical activities from this time on for men used to strenuous effort, should be modified to conform to these changed constitutional conditions. This is by no means an argument for an inactive life, or for a sudden change from former physical habits when they are energizing and not harmful, but it is simply an admonition to avoid extremes.

In the realm of mental activities, the conditions are somewhat different. If a man has kept himself intellectually active, there need be no perceptible diminution in the intellectual output. As a matter of fact, the mental processes should be running at their maximum degree of efficiency. If constructive mental habits have been cultivated, intellectual work should be performed with greater ease, with the minimum of effort, and it is conscious effort, whether physical, mental or emotional, which tires, rather than activity which is performed largely by subconscious processes under the guidance of orderly mental habit.

It cannot be emphasized too strongly that variety of mental occupation, and an active interest in many things, do more than anything else to keep the mind clear and agile, and ward off the torpor so often associated with senescence, or even middle age.

When mental and intellectual impairment is involved at this period, it is almost invariably a reflection of physiological weakness. When this takes place, it is a great deal more difficult to restore the bodily vigor than at the high-tide of manhood.

CHAPTER IV

WOMAN'S SEXUAL NATURE

Sexual Instinct in Woman—Woman's Sexual Organization More Complex Than Man's—Feminine Eroticism More Highly Ramified—Woman's Emotional Nature—Strength of Sexual Impulse—Woman Sexually Conservative—Variations in Sexual Impulse—Sexual Desire outlasts the Reproductive Life—Anatomy and Physiology of Female Organs—The Ovaries—Graafian Follicles—Process of Ovulation—Fallopian Tubes—Salpingitis—The Uterus (Womb)—The Vagina—The Hymen—The Vulva—Bartholin Glands—The Pelvis—The Mammary Glands—The Internal Secretions—Normal Effects at Puberty—Effects of Deficient Secretions—Menstruation—Symptoms of Initial Appearance—Hygiene of Menstruation—Disorders Due to Constipation—Re-establishing Menstruation When Prematurely Checked—The Menopause.

Sex Instinct in Woman. In the previous chapter, we have observed that the sexual impulses are normally more powerful in man than in woman. On the other hand, woman's sexual nature, because of her biological function of motherhood (nature, of course, makes no distinction between the actual and potential) is more diversified in its manifestations. It is less dominated by a powerful urge that seeks specific expression, less centered upon the immediate goal of concrete sexual experience. It is, however, instinctively more concerned with the mate as a companion and protector, with children as "flesh of her flesh and blood of her blood," and with the feelings that are bound up in these relationships.

The tendency in this direction is not a question of choice or will, but is due to the character of woman's physiological being, with its highly organized nervous system. The particular development of her visceral organization, which is

responsible for her more sensitive emotional nature, also governs the general character of her erotic life.

In other words, her physiological structure and biological functions are responsible for the typical psychological reactions peculiar to woman. It is inevitable that this should be so. Sexual conservatism and quiescence—*i. e.*, relative passiveness—are demanded by the responsibilities of motherhood, whether actual or potential. Of course, as our social environment is far from a *natural* state, there are many modifications in sexual conduct in all its phases. *Fundamentally,* however, woman is sexually conservative, comparatively passive, but nevertheless possesses an erotic and emotional organization more highly ramified than that of man, and with different reactions and different ways of manifesting itself.

Man's sexual nature is more centered upon the love-object from the standpoint of sexual experience, more ego-centric, more dynamic.

This quality of differentiation of sexual temperament in the two sexes is not peculiar to the human race, but extends throughout the animal kingdom. It is summed up in the axiom that among all organized beings, the male as a rule pursues the female of its choice.

Certain cases, as in some pathological and hysterical types of women, and to an extent in incorrigible flirts, may seem to contradict this contention. But these are exceptions, represented by abnormal types. In this connection, Clouston states that hysteria tends to prove absence of control of the superior centers which rule the sexual instinct. Hysterical eroticism, therefore, indicates a lack of sexual control, and where the intense sensuality gets out of bounds, criminal tendencies often make their appearance, as has been evidenced in the case of many famous voluptuaries of modern times and as reported in history.

Those instances, not infrequently noted, where women are said to "pursue the man," often in high social circles, are not so much natural examples of the biological impulse in action as they are examples of the economic motive or social ambition—*i. e.*, seeking to marry for position, money or domestic security.

Woman's Emotional Nature. It has not been sufficiently emphasized that in woman the involuntary (*sympathetic*) nervous system which controls the organism is more extensive and intricate than in man. This is a physiological necessity, as woman has additional organs—the breasts, womb, ovaries, etc.—with their functional capacity of ovulation, menstruation and gestation.

As woman has more organs concealed in the pelvis, with a greater complexity of function, her sympathetic nervous system is necessarily more complicated.

It is mainly due to this elaborate sympathetic system that the emotional side of life is more evidenced and expressive in women. They are more subject to fear, shock and fright, and more easily aroused to joy or sorrow. Their affections, if not deeper, are more demonstrative.

The sympathetic nervous system which controls the sexual life of woman, as well as the visceral functions generally, also regulates the tears that are shed in grief, the salivary and gastric secretions that are checked in fright, as well as the milk-flow that is stopped, or increased, respectively, under the influence of terror, or maternal well-being as the case may be.

The ancients attributed hysteria—a functional neurosis of abnormal sensations, emotions or paroxysms—to causes within the womb. There is unquestionably a connection; not that the disorder is actually seated in the pelvic regions, but these organs form part of a reflex arc to the brain centers

through the sympathetic nervous system. In hysteria, the system is probably in a state of *hyperesthesia,* or over-sensitiveness.

Strength of Sexual Impulse. While the strength of the sexual impulse in woman is subject to a wide range of variation, there is no doubt in the mind of the serious student of sexual phenomena that its normal manifestation is quite invariably a factor to be reckoned with.

In modern times, quite down to the present, outside of a comparatively limited circle that has had the advantages of rational sex understanding, the notion has prevailed that the sex impulse in woman, at least in "good" or "respectable" women, is a negligible quantity. She was never supposed to evidence any sexual feeling, erotic interest or passion.

In the Middle Ages, the sexual impulse normal to womanhood was perhaps better appreciated than it has been in later times. Luther gave utterance to an opinion not without currency in his day when he wrote: "It is just as impossible for a woman to do without man as for a man to do without woman." He also sums up most excellently the natural aspect of sex in the following words: "He who wishes to restrain the impulse of nature and not allow it free play, as nature will and must, what does he do but this: to insist that nature shall not be nature, that fire shall not burn, that water shall not be wet, that man shall neither eat, drink, nor sleep."

Mantegazza stresses the point that in the female, sexual desire is very rarely accompanied by pains analogous to those which occur in man, in whom sexual excitement manifests itself in painful tension of the testicles and the seminal vesicles, or in spasmodic, long-continued priapism.

Considering woman's function in the realm of sex, her relative conservatism is based on very fundamental grounds. As Professor Erb has pointed out, woman is the principal

sufferer in the process of reproduction. For the most part, with a cruelty that baffles the processes of the rational or philosophic mind, nature has condemned woman to a far more difficult position than man in the intercourse of the sexes and in the preservation of the species. In her biologic rôle, she has been over-powered and forced by man. She is always compelled to make the most severe sacrifices for the sake of the new generation, first when the new being is germinating within her body, later in the throes of parturition, and finally when the helpless mite of humanity is entrusted to her maternal care. And only too often she fails to receive the respect and protection due to her for the performance of these difficult functions. When everything is considered, it is fortunate that as a rule the young woman who has never come into intimate contact with the male appears to be endowed with a relatively weak sexual urge.

The sexual impulse in normally constituted individuals is by no means constant in its intensity. Apart from the temporary indifference resulting from gratification, and apart from the decline in the impulse that sometimes occurs after prolonged continence, the mode of life is a factor of great importance. The urbanite who is continually reminded of sexual matters and subjected to greater erotic stimuli, is quite inevitably more disposed than the countryman to sexual excitement. A sedentary and sheltered mode of life, a diet composed too largely of animal food and highly seasoned condiments, have a stimulating influence on the sexual organs.

In woman, the sexual impulse is stronger just before and after menstruation, and during the period it may also be more than usually pronounced. In neuropathic women, this increase in excitement may occur in a pronounced degree.

Sexual desire in woman, it is generally agreed, outlasts the

active reproductive life. That is, the erotic impulse continues to manifest itself after the cessation of menstrual activity, when the possibility of conception has passed. It appears, therefore, that sexual desire is not necessarily dependent upon ovulation.

Probably no other individual has written so extensively and at the same time so wisely of sex matters as Havelock Ellis,[1] who speaks of the differential characters of the sexual impulse in the female as follows:

"In courtship woman plays a more passive part than man; in woman the physiological mechanism of the sexual processes is more complicated, the organism develops more deliberately; the sexual impulse in woman needs more frequently to be actively stimulated; the culmination of sexual activity is attained later in life than in man; the strength of sexual desire in woman becomes greater after she has entered upon regular sexual intercourse. Women bear sexual excesses better than men; the sexual sphere is larger and more widely diffused in women than in men; finally, in woman the sexual impulse exhibits a distinct tendency to periodic exacerbations (increased severity of symptoms), and it is in any case much more variable than in man."

Ellis further maintains that the source of erotic pleasure in the case of the male lies in activity, but in the female in the passive state, in the experience of loving compulsion, as it were, and he holds that sexual subordination is a necessary element in the sexual enjoyment of women.

ANATOMY AND PHYSIOLOGY OF THE FEMALE ORGANS

Whereas the male reproductive organs are for the most part located outside the body, the female organs of genera-

[1] *Man and Woman: A Study of Human Secondary Sexual Characters.* Fifth Edition. London.

tion are situated mostly within the body, in the pelvic cavity between the two principal organs of elimination—the bladder and the large intestine.

The generative system of woman is composed of the following important units:

a. Two glands—the *ovaries*—which produce, develop and discharge the ova, or eggs, when fully formed. These glands also produce an internal secretion (the sexual *hormone*), which exercises a remarkable influence over the development of the body as a whole from the time of puberty, controlling what is known as the secondary sexual characteristics of the individual.

b. Two ducts, the *Fallopian* tubes, or oviducts, which convey the ova or eggs from the ovaries to the *uterus* (womb).

c. The *uterus,* or womb, where the ovum, when fertilized by the male element, the spermatozoon, develops into a new being.

d. The *vagina,* the canal leading from the uterus which receives the male organ in copulation.

e. The *vulva,* the external parts in which are located the outlet of the vagina, and of the urethra—outlet of the bladder.

f. The *mammary glands* (*mammæ*)—the breasts—also properly form a part of the female reproductive system.

The Ovaries. The ovaries of the female—the egg- or ova-producing glands—correspond to the testicles of the male. In the adult woman, they are about the size of an almond shell, being approximately 1½ inches long, ¾ of an inch wide and ⅓ of an inch thick, and weigh from ⅛ to ¼ of an ounce.

They are situated in the upper part of the pelvic cavity, one on each side of the uterus. They are more or less enclosed within the fringed extremities of the Fallopian tubes, and are

held in place principally by the broad ligament of the uterus, which folds around them.

As in the case of the testicles of the male, they are first formed higher up in the abdomen—just below the kidneys—but before birth descend to their normal position.

The ovaries are already filled with undeveloped eggs at birth—estimated at about 100,000 in number, but in the course of their development, there are left only about 30,000 at puberty. The balance have been used up as nourishment for those that remain. But of these many thousands, only a few hundred ever become ripe and capable of growing into a new life. One ovum for every 28 days during the normal reproductive life of a woman—about thirty years—would be approximately 400 in all. The ovum was first discovered in 1827.

The ovary has a double structure, of which the central part is reddish in color, and soft and spongy in texture, consisting chiefly of blood vessels. The cortex or outer layer is gray in color and of firm texture, being composed of connective tissue. This is the essential part, as the *ovisacs,* or *Graafian follicles* are located in it. Each of these ovisacs, which are in various stages of development, contains an ovule, as the unfertilized ovum is specifically termed.

The follicles were first described by De Graaf, a Delft physician, in 1672, from whom they derive their name. Until the time of puberty, the Graafian follicles, with their tiny ova, are in practically a dormant condition. But with the beginning of puberty, when the sexual organization turns from a latent to an active state, the ovaries become correspondingly active.

Ovulation consists in the bifortnightly maturation and expulsion of a ripe ovum. Each ovum measures from one two-hundred and fortieth to one one-hundred and twentieth of

an inch in diameter, and is a potential life, requiring only contact with the male sperm cell in the proper environment to quicken it into being. The outer transparent wall of the cell covers the inner protoplasm, or yoke. Imbedded in the substance of the yoke is a nucleus called the germinal vesicle. This contains a minute substance termed the germinal spot, which is the life-producing element of the ovum.

Another process connected with the reproductive life of woman, also takes place once a month, or more accurately, every twenty-eight days, namely, menstruation. While the latter is closely associated with ovulation, it is not a part of the identical process. The function of menstruation is important enough to receive special attention. This will be taken up later in the present chapter.

Fallopian Tubes. The Fallopian tubes, or oviducts, are two small muscular tubes which lead, one from each ovary to the respective upper, opposite sides of the womb. They are about four inches in length, with a very tiny passage-way, which at its largest diameter is only about the size of a broom straw, while near the womb, it narrows down until the opening is only about the size of a fine bristle.

To guard against the ova's going astray, the end of each tube, near the ovary, becomes larger, with a trumpet-shaped, fringed, extremity. The fringes are called the *fimbria.*

As the channel of these tubes is very fine, measuring not over one-sixteenth of an inch at the largest diameter, it will be seen that an inflammation or diseased condition will readily clog it up. If there is a stoppage in these tubes, the eggs cannot pass down into the uterus, and the woman is therefore barren, or incapable of bearing children.

The Greek name for the Fallopian tube is *"salpinx."* This word means "tube." Inflammation of the Fallopian tube, is therefore, called *salpingitis. Salpingectomy* is a surgical

operation for cutting away the whole or part of the Fallopian tube. It corresponds to vasectomy (excision of a portion of the vas deferens), in the male.

The Uterus. The uterus (Latin) or womb (Anglo-Saxon) is a pear-shaped muscular organ, with the small end down-ward, situated in the middle of the pelvis. It is about three inches long, two inches wide and one inch thick, and weighs from one ounce to an ounce and a half.

The muscular walls of the uterus are thick and the cavity is comparatively small. It contains three openings—two from the Fallopian tubes, one on each of the two upper corners, and one in the lower end, being the mouth (*os*) of the womb, opening into the vagina.

The uterus is not firmly attached to any of the bony parts of the pelvic cavity. It is suspended in its position by a number of muscles and ligaments. It therefore slightly changes its position with different movements of the body, and during gestation increases in size to accommodate the new being growing within it, and gradually rises out of the pelvic cavity, as more space is required for growth, into the abdominal region.

Its normal position is inclined forward, resting against the bladder. A full bladder will push it backward and down-ward. The stretching of the sustaining ligaments, through lifting heavy weights, or excessive physical labor, may cause the uterus to sink down into the vagina—a condition known as *prolapse,* or falling of the womb. There are a number of other more or less common displacements of the womb, when the organ becomes flexed or bent in one of several directions. These conditions will be referred to in Chapter XI.

The upper and larger portion of the uterus is called the body, or *fundus;* the lower and smaller part is called the neck

or *cervix*. The uterus is a very remarkable organ, with a muscular structure that is capable of immense enlargement. In pregnancy, it distends from ten to fifteen times its normal length and many times its normal breadth.

There is an abundant supply of blood vessels to the uterus, which is not merely for nutrition, but to provide for the demands of menstruation and pregnancy. The internal mucous lining of the uterus is smooth and pink in color, except during menstruation, when it is red, and swollen to double its normal thickness.

The Vagina. The vagina (Latin, meaning a sheath) is the tube or canal which serves as an outlet from the uterus to the vulva, or external parts. It is a distensible and curved, muscular tube which helps to support the uterus, as well as serving as its outlet. It is about three and a half inches long, and is often called the "birth canal," because the baby must pass through it on its way from the womb in the process of birth.

The upper end of the vagina is more spacious, where it surrounds the uterus, than at its external opening. The latter portion is somewhat contracted, and in the virgin is partly closed by a fold of membrane called the *hymen,* or "maidenhead," which extends forward from the posterior wall to the opening.

This thin membrane is usually ruptured at the time of the first sexual intercourse; consequently its presence has been considered by many, especially in the past, as an infallible sign of virginity. It is now generally recognized, however, that no definite interpretation can be placed upon the presence or absence of the hymen. It may be ruptured in early childhood by injury, surgically removed as an hygienic expedient, or otherwise eliminated. On the other hand, even after sexual experience, it may be stretched instead of ruptured,

and present some of the appearance of virginity. In rare instances, it may form a circular wall closing the passageway into the vagina, thus preventing the discharge of the menstrual flow. Cases of this kind should without delay undergo the slight surgical procedure of having the hymen pierced to permit menstruation and assume a healthy, hygienic condition.

The Vulva. The vulva is a collective name for the external sexual organs of the female. There are two openings into the vulva, the smaller one being the outlet of the bladder. This opening, the terminus of the urethra, is called the *meatus urinarius.* The length of the female urethra is about an inch and a half long. The main aperture, however, is the vagina, already described.

The most prominent portions of the vulva are the two longitudinal folds of skin, extending downward from the rounded eminence above the organ, the *mons veneris* (Venus's mountain). These folds, called the *labia majora* (large lips) are covered with hair on their outer surface. The inner side is lined with mucous membrane.

Within the labia majora are two smaller folds called the *labia minora* (small lips) which meet at the front of the vulva. At this meeting point, there is a small erectile structure called the *clitoris,* about one-half to three-quarters of an inch in length. It is plentifully supplied with nerves and is the principal point of excitation in the female genitals. The extremity of this little, highly sensitive structure, is called the *glans clitoris.* It corresponds to the penis of the male, and is supplied with a tiny foreskin or prepuce, the purpose of which is to fold over and protect the sensitive tissue of this organ.

When the foreskin is too tight, however, it becomes a source of irritation, instead of a protection. The clitoris is

then said to be hooded, and it is desirable to cut this fold of skin—a very slight and painless procedure in the hands of a surgeon or gynecologist. The operation has a similar purpose to circumcision in the male. If this condition is neglected it is sure to cause nervous irritability or abnormal sexual stimulation, and is a cause of excessive masturbation among girls.

The *labia minora* are formed of a peculiar kind of skin-tissue, in which are numerous sebaceous glands producing a whitish secretion with a penetrating odor. It is the function of these secretions to keep the tissue moist and supple, and also to destroy foreign substances which may enter the vulva, so that they will not get into the womb and cause injury to that delicate organ.

The vulvo-vaginal glands, or *glands of Bartholin,* are reddish-yellow bodies about the size of an apricot stone, situated on either side of the entrance to the vagina. They open by a long, single duct on the inner side of the labia minora, just outside of the hymen. Bartholin's glands correspond to Cowper's glands in the male. They secrete a clear fluid which is discharged during sexual excitement. This secretion is of acid reaction, and is the only ejaculation of the woman.

The Pelvis. All the genital organs proper, which have been described, are situated in the pelvis (meaning basin), also called the pelvic arch or girdle. It is made up of three bones, the two hip-bones, and the sacrum. The latter is a wedge-shaped bone, formed by a fusion of five vertebræ, therefore constituting a part of the vertebral column. Below this solid portion of the vertebræ is the *coccyx,* consisting of three rudimentary vertebræ—the vestige of the missing link—the tail, which the progenitors of mankind lost somewhere in the long biological climb. The hip-bones are

joined with the sacrum at each side in an immovable joint.

The inner surface of the hip-bones in the normal, upright position of the woman, make, together with the sacrum, a basin-shaped and almost circular bony foundation for the generative organs to rest upon. In front, the two hip-bones meet in an immovable junction—the *symphysis pubis*.

There is considerable difference between the male and female pelvis. The latter is shallower and wider and less massive. The margin of the bones are more widely separated, giving greater prominence to the hips, which is a very noticeable female characteristic, and contributes much to the grace and physical charm of femininity.

The biological reason for this, however, is to permit the child's head to pass through the pelvis at birth. If the female pelvis were patterned exactly after the male pelvis, it would be impossible for a full-term living baby to pass through it. Women with an extremely small, or deformed pelvis, are not fitted to bear children.

The Mammary Glands. The mammary glands, or breasts, are accessory organs of the female reproductive system. They are rudimentary before puberty, being practically the same as in boys. But beginning with puberty, they undergo the quick transformation characteristic of the sexual organs at this period, and increase in size. They grow larger during pregnancy, and are largest during the nursing period. Among civilized races, the shape is hemispherical, but among savages it is more conical, or pointed.

The increased size at this time is due principally to the growth of the tissue which secretes the milk, but there is also a marked increase of fat. It is a common occurrence for the left breast to be somewhat larger.

A little below the center of each mammary gland is a small conical eminence, the nipple, which is surrounded by an area

of somewhat wrinkled skin, having a colored tint. The wrinkles are due to the presence of sebaceous glands which secrete a fatty substance for the protection of this organ during the nursing period. In the young woman this area is usually either pink or crimson, and darker tinted in brunettes than in blondes. With the beginning of pregnancy, the tinted surface enlarges and deepens in color, becoming brownish, which remains permanent after the birth of the child.

The structure of each breast is made up of fifteen or twenty lobes or divisions, separated by partitions. Each lobe is a distinct milk-producing unit, and has a tube going direct to the nipple which acts as the outlet for the milk secreted in the individual lobe.

THE INTERNAL SECRETIONS

In the previous chapter, reference was made to the secretions of the endocrine or ductless glands in men. The system as a whole, excepting only the sexual unit, is quite identical in the two sexes. The internal secretion of the male's sexual glands (testes) has its analogy in the female in the internal secretion of the ovaries.

The ovaries, in addition to their procreative function which has been described, produce an hormone, or internal secretion, which directly enters the blood stream, and in this way exercises a profound influence over the whole organism. As a matter of fact, this internal secretion is more vital, at least to the individual, than the external secretion, or the process of ovulation.

A woman may be barren—that is, incapable of bearing children—from various causes, so that the process of ovulation is interfered with or does not take place, and still be a fine physical and mental type of womanhood.

When a woman, however, lacks the internal sexual secretion, whether congenitally, or through disease or deprivation by surgical means, she tends to lose the distinctive attributes of physical womanhood, and those psychic qualities that are characteristic of femininity.

Experiments on animals and birds first proved the nature and functions of the internal sexual secretion in influencing the complete development of the individual. If the ovaries of the female are removed—called "spaying"—when the animal is young, thereby depriving it of the sexual hormone when the time comes for this substance to be produced, the secondary sexual characteristics of the animal do not develop.

When the ovaries of a woman have not properly developed in her youth, or when they have been atrophied by disease, or surgically removed, so that the internal secretion is not supplied as is normally the case, she will be lacking in the characteristic development—the secondary sexual traits—that gives beauty to woman.

The girl from the time of puberty evidences development of the feminine characteristics, due to this internal chemical activity. Her figure, previously little differentiated from that of the boy, undergoes marked changes. Her breasts round out. Her arms and legs become more shapely; the hips enlarge and she otherwise gives evidence of the physical charm and gracefulness of young womanhood.

The mental and psychic traits which develop through the influence of the sexual hormone are no less notable. It is the time of the birth of new emotions—ambitions, hopes, fears, desires, doubts, and the awakening of those subtle qualities that constitute love. During adolescence, the girl begins to take a new, or different kind of interest, in boys. Up to this time they may have been desired as playmates, but now a new emotional element—new feelings—enter into the

relationship. Consequently, the girl takes a greater interest in her personal appearance, with a tendency to self-consciousness.

MENSTRUATION

Perhaps the principal phenomenon of adolescence to the young woman is the beginning of menstruation, commonly called the "periods," "the monthlies," etc. This is a discharge composed chiefly of blood and mucus from the generative organs. It is a perfectly normal function, and therefore should be accepted as a natural process, and not be considered a trial or burden imposed upon womankind by a malevolent act of nature. It occurs, normally, every twenty-eight days, and lasts from three to five days, during the woman's child-bearing period of about thirty years.

The greatest amount of blood is usually passed during the first two days. It has been estimated that the quantity of blood expelled during a menstrual period averages from one and one-half to three ounces.[1] In very full-blooded women, it may be considerably more.

There are commonly various depressing symptoms preceding and accompanying the initial appearance of menstruation, due to the organism adjusting itself to a new stage of life. It is a mistake, however, to begin the practice of looking upon the menstrual periods as the regular recurrence of a condition of semi-invalidism lasting for several days each month.

There is a relationship of the menses to the psychic and nervous organization of woman that warrants a word of comment. Menstruation is a physiological function involving quite a complicated chain of events in the organism. It is, therefore, naturally accompanied by certain general, as well as local, reactions.

[1] William J. Robinson, M.D., *Woman*, p. 73.

For two or three days before the menses, the girl or woman is apt to feel a particular sensitiveness and nervous excitation, perhaps accompanied by a feeling of fullness in the abdomen. These symptoms are usually relieved at the beginning of the flow.

A healthy woman will not suffer distress from the periods when the proper attitude is assumed toward the condition. Over-emphasis on the part of the mother or other elder, of the supposed distressing nature of the event, has started many a girl off with an exaggerated notion of the ordeal. As a consequence, the anticipated "sick spells," "cramps" and other foreboding experiences have been to some extent realized by the very process of mentally encouraging them and giving them a psychological reality.

As has been stated the function is a perfectly normal one, and while slight nervous and emotional reactions are to be expected, it is well to bear in mind that one should not cultivate them as pet idiosyncrasies. When a woman is aware of just what is happening in the complex structure of her organism, and what nervous and emotional reactions she may expect at this time, she will understand their true significance. A sensible, intelligent attitude on these occasions will do much to avoid periodical moods; which if encouraged by indulgence in them, may act as an incentive to irritation and unpleasantness in the daily life.

Hygiene of Menstruation. While the misconception that menstruation means illness is an old-fashioned idea that should be discarded, it is the part of commonsense to use some judgment in one's activities and mode of life during these periods. Of course, violent exercise at this time is decidedly unwise, but continuing one's usual activities in moderation benefits the circulation, and keeps the mind from

dwelling on the subject of depressing symptoms, or anticipating them.

Congestion of the uterus is intensified by standing, and it is advisable, if possible, for women to sit at least part of the time during menstruation while continuing their regular work.

Exposure to cold, dampness or rain, is to be avoided at this time, as a chill upsets the physiological processes, and may bring about a premature cessation of the flow. When this occurs, it should be re-established, if possible, by a hot foot bath, drinking hot water, and obtaining complete relaxation in a warm bed where rest and perspiration should be helpful in bringing about the desired result.

Always during these periods avoid chilling the body, avoid cold tub baths and swimming, as these experiences are apt to be injurious and may lead to serious results. It is also better to postpone a hot tub bath until the menstrual flow has ceased.

Constipation is another cause of distressful menstruation. If the bowels are not evacuated regularly—that is, daily—the accumulation in the large intestine and rectum will tend to press upon the nerves supplying the generative organs and produce more or less congestion.

From every standpoint of health, the question of bowel regularity is an important one. The *habit* of using laxatives and purges is an unfortunate one, and makes the condition worse in the end, because the normal peristaltic action of the intestines is weakened.

The treatment for constipation should therefore be a general one, involving attention to diet, exercise and the cultivation of the regular daily habit of evacuating the bowels. The best time for this is immediately after breakfast. The

habit should be formed early in life, but if neglected at that time, the adolescent may, by diligent attention to this need, acquire regularity.

The diet should contain a sufficient amount of coarse foods, such as whole wheat or graham bread, oatmeal, cornmeal, green vegetables and fresh fruits, to stimulate the activity of the intestines in a normal way. Of the fruits, prunes, figs, dates, apples, oranges, peaches, plums, pears and grapes are especially valuable. Water should be drunk frequently. A glass of cool water about a half-hour before breakfast is particularly effective, in conjunction with the other measures recommended.

The disorders of menstruation, and some other of its peculiarities, will be referred to in Chapter XI, under *Sexual Disorders of Women.*

THE MENOPAUSE

The menopause (climacteric), or "change of life," denotes the end of the reproductive period in woman's life. While the principal phenomenon is the permanent cessation of the menstrual flow, there are usually general disturbances, and nervous reactions. It is a period of readjustment in which the organism adapts itself to new conditions in the cycle of life. Among the general symptoms are flushings, also giddiness, headaches, faintness and pains in the back. Probably many of the bad results could be avoided and the inconveniences minimized if a more rational viewpoint prevailed upon the nature of the change.

After all it is a perfectly natural course and if accepted as we should accept any normal course of life, with equanimity, understanding and courage, the process of adjustment would be much easier, and many of the really serious results now

attributed to "change of life" would unquestionably prove avoidable excrescences resulting from ignorance, misunderstanding and worry.

The flow may stop rather suddenly at this time, the amount growing less and less, until absolute stoppage. As a rule, however, the climacteric extends over a course of several months up to a year or two or three years. There may be considerable irregularity in the periods, a slight flow alternating with a profuse one, and the intervals between successive flows may become longer, as from six to eight weeks.

The importance of the menopause in the life of woman warrants more extended comment, which will be taken up in Chapter X.

CHAPTER V

PREPARATION FOR MARRIAGE

Looking Forward to Marriage—Importance of Preparation—Confusion of Ideals—Innocence and Modesty—Prudery—Marriage: Past and Future—Dual Moral Code—Status of Monogamy—Polygamy and Promiscuity—Fictitious Chivalry—True Love Must be Free—Woman's Intellectual Liberation—Its Beneficial Effects—The Realities of Marriage—Courtship as a Preparation—Not an Educational Substitute—Period of Intimate Association—Tactless Lovers in Courtship—The Vehement Wooer and Defensive Partner—Courtship a Continual Preparation—The Pairing Hunger—Length of Engagements—Long Engagements Often Injurious—Proper Age to Marry—Economic Hindrance at Most Favorable Period—Consanguineous Marriage, or Marriage with Blood Relatives—Between First and Second Cousins—Not Harmful in Itself—Unless Family History is Bad—Hereditary Traits Accentuated in Offspring of Blood Relatives—Either Good or Bad Latent Traits May Be Marked in Children.

Looking Forward to Marriage. Marriage is generally considered the most important step in life. A happy marriage is the ideal to which practically every young woman looks forward. This theme is the material with which, from girlhood, she builds her airy castles. And the average young man, too, is scarcely less concerned with this romantic prospect of his future, although he does not reveal it so obviously.

Still, with all this abstract interest in, and generalization over, the vital problems of marriage, no condition of life is usually entered upon with less preparation. The disastrous results that have followed in the wake of so many marriages —about one in every seven [1] now ending in divorce and

[1] Based on the Federal Census for the year 1924, as reported by the Department of Commerce. During that year there were in the United States 1,178,206 marriages performed, and 170,867 divorces granted.

probably a considerable percentage of the rest saved only on their face to preserve appearances—must be due in no small degree to the lack of preparation on the part of those who enter into matrimony.

In undertaking almost any other important duty and responsibility in life, it is generally recognized that preparation is necessary. To this end, children are sent to school to receive instruction that will prepare them in a general way for the ordinary duties of life. Young men and young women go to college for a period of years that they may be qualified for professional activities, or special lines of intellectual endeavor. Many more serve several years' apprenticeship at trades to prepare themselves for their life's work. Athletes train for years to become proficient in a very limited sphere of physical effort, usually covering a comparatively limited period of time. The same tendency is noted in practically all fields of human undertaking.

The only exception of consequence is in preparation for marriage, which undoubtedly is, or should be, the most important undertaking of all. Of course, there are frequently elaborate preparations for the marriage ceremony, or for the social side of the function, and for many of the superficial things that enter into the event. But for the vital part of married life, there is in the majority of cases less than no preparation. As a matter of fact there is a handicap of *misinformation* to be overcome before there can be a basis of real knowledge and understanding, which is so necessary to insure a happy, harmonious married life. For marriage is fundamentally a sexual union, and its success or failure, all things considered, is largely determined by conditions arising from the problems of sex in their broad, as well as specific, aspect.

Marriage is the most intimate possible relationship between

two human beings. Each should know something of the physiological facts of his, or her, sexual nature, and of the opposite sex, and also of the psychology of the sexes. All of this, with the incidental useful knowledge that would be vouchsafed in a general conception of sexual problems, would tend to cultivate a basis of understanding, a sense of insight and a practical grasp of vital facts that are now left entirely to the hazards of chance.

Nevertheless, despite the obvious desirability of preparation, little or none has been given to young people. Then when the ship of matrimony has drifted into dangerous waters, or has become hopelessly wrecked, the same static-minded people who say, in effect, that nothing should be told about the vital problems of life, or no sexual information given, are the first to rise in dismay and lament over the disintegration of modern marriage and presage the collapse of our civilization.

Innocence and Modesty. In the traditional upbringing of girls, the ostensible purpose of which is to fit them for the responsibilities of womanhood, there has been a confusion of innocence with ignorance, and of modesty with prudery. This misconception of terms has not only resulted in untold misery to womankind, but it has tended to place a premium upon the very conditions which caused the misery.

The term *"innocent"* is an obsolete one from the standpoint of modern intellectual development, and its use in relation to the upbringing of an individual in our modern social environment is bound to lead to confusion. It is a relic of another age, when girls and women were not supposed to know anything outside of domestic "duties."

One may properly be innocent of a crime, or of moral

guilt; but it is no crime or moral offense to know something about one's own person. In fact, it is something of a crime for a parent to withhold the safe-guarding knowledge of self from a young person.

So the application of the term "innocent" to a condition which is really one of vacuity, or emptiness, is merely juggling with words and befogging an important issue. No enlightened modern young woman should want to be considered "innocent" of questions relating to her own person and the functions of her physical organism, any more than she should want to be considered innocent of a working knowledge of the grammar of her mother tongue.

One, however, may make a choice between modesty and prudery, over the essence of which our forebears became so hopelessly confused. Modesty implies the restraint, unobtrusiveness and freedom from excesses which must always command respect, and when combined with an intelligent grasp of human problems, assure their possessor of esteem and admiration.

Prudery, on the other hand, is either affectation or ignorance, and sometimes an ignominious combination of both. When not a conscious affectation of excessive modesty or virtue—always so utterly transparent—it connotes a state of ignorance or narrow-mindedness, with an emphasis on intolerance. The militant prude is usually an insufferable bore, except to his own compatriots, and in the end tends to defeat his own aims by his vindictiveness which alienates the sympathy of all reasonable people.

Marriage—Past and Future. The fact is significant that marriage is so universally anticipated in the feminine mind with the highest expectations and hopes. To the student of human nature it warrants a healthy optimism in

the institution of marriage—notwithstanding the considerable proportion of failures and tragedies that are strewn in the wake of matrimony.

The fact that the monogamic marriage is the prevalent form of mating among most of the human race, regardless of great differences in traditions, racial culture, religion and social customs, is further suggestive of the deep human impulse behind it. Of course, I am fully aware of the legal character of polygamy in certain parts of the world, both at the present time and in the past, and also of the extra-legal form of polygamy (prostitution and promiscuity) that has been practiced more or less by all races at all times.

From the standpoint of modern psychology, however, we get a light on the matter somewhat at variance with the conception of the older sociologists who attributed it *exclusively* to the promiscuous tendencies of the male. Making due allowance for the sexual aggressiveness of the male, promiscuous sexual practices are seen by the sex psychologist to rest, in no small measure, upon an unadjusted or neurotic sexual basis, which in married life may be further complicated by unsatisfactory conjugal relations.

In other words, the sex life of the individual is disorganized, chaotic, and unable to realize its goal of satisfaction in the state of monogamy to which it is committed. The resultant sense of incompleteness acts as a prod or incentive to promiscuous endeavors. That these adventures are rarely more successful in bringing the satisfaction sought is another story—but suffice to lend confirmation to the theory of the neurotic character of the sexual varietist.

Another very important factor in contributing to the promiscuity of the male has been the traditional chasm that has separated the sexes. Throughout history, we find the woman for the most part subservient economically, politically,

socially and otherwise—a subject condition that ranged all the way from abject slavery to the status of the carefully shielded lady of the "pedestal" period, with all the mawkish sentimentality and hypocrisy that went with it. It is only in comparatively recent years, with a few notable exceptions in the past, that this dual morality has given way, and a new spirit of camaraderie, ethical partnership and intellectual community of interest has entered into the marriage relations. As a matter of fact, the tendency toward this ideal may be said to be just beginning, so great is the work to be accomplished. However, enough progress has already been made in this direction to be hopeful for the new outlook in the future of marriage.

From the injustice, inequalities and ignorance of the past there developed a situation that made love in marriage practically an impossibility, and when it existed, almost a miracle. So true was this that the older literature in all its branches is largely a monument dedicated to conjugal infelicity and extra-marital love.

With the gradual rise of woman to a position of economic, social and political importance, her relative independence and intellectual equality have given her a dignity which the real monogamic marriage must have to exist in fact.

True monogamy, in its essence, is based on the equality of its constituency—and the monogamic marriage has not been a conspicuous success, historically, because the parties to it have not been social equals. A sentimental palliative in the name of a largely fictitious tradition of masculine chivalry had grown up to offset the gross inequality of the sexes, which had been artificially cultivated by the dominant male.

True love can flourish only in the healthy air of freedom of choice and action. Coercion and force will kill it as

surely as the night follows the day. Woman's independence has given her a constantly increasing degree of freedom of choice and of action, and has tended to put love on a basis of equality and mutuality.

In commenting upon the extra-marital tendency of love in the past, and the prospect of realizing love in marriage, Jean Finot,[1] a Continental philosopher, many years ago expressed his ideas on the subject as follows:

"Future unions will accomplish, perhaps, what seems to us the paradoxical work of having love born and endure in marriage. This is because love, in its turn, will benefit by the evolution of woman. It has been volatile, egotistical, brutal, tyrannical, so long as it was mainly an expression of the sexual instinct. But the advent of the new woman will secure for love a broader basis, embracing the comprehension of souls founded upon common interests often protected in common. This will also be the source of friendship, a serious and stable feeling, which will reign in a more frequent and more lasting fashion between the husband and the wife. Love, idealized by spiritual principles, will gain in depth and in duration. Perhaps it will not be so rapturous, but it will be more human, if not more divine."

With the advent of woman's intellectual liberation, there has come a reversal or modification, at least, of all the old social dogmas. Whereas suppression was once the rule, now woman is expressing herself in more ways, and even more furiously than she can, in many instances, comfortably manage to direct into constructive form. But this is inevitable in a process of large individual adjustment and social adaptation.

The essential point is that true love can survive only in

[1] *Problems of the Sexes,* New York, 1913.

a free atmosphere and on a plane of equality. This condition is now more and more becoming the rule.

There is, however, another tremendously important factor in the matrimonial relations, and that is a sound, rational knowledge of sex life, and what it involves. Progress in this respect is bound to be slower, because more formidable obstacles are to be encountered. It is necessary that every agency in the interest of marital happiness be directed toward the surmounting of these obstacles.

The success of the monogamic form of marriage from the social standpoint depends upon the equality of its constituency; the success of love in marriage from the individual standpoint depends upon a mutual understanding of, and compliance with, the laws of sex, upon which the intimate relations of marriage are so largely based.

Both of these requirements, the *social* and the *individual,* are essential for the preservation of love in marriage.

The Realities of Marriage. Sex, as we have already seen, is the magnetism which draws all life together. Whether the union is successful or not depends to a great extent upon many correlated factors.

As human beings are not exceptions to this law, sex, then, is the magnetic, cosmic impulse that draws men and women together in marriage. (If they marry without this impulse, then it is merely an "arrangement" made usually for economic, social or other considerations.) The universality of this impulse and the hopes and expectations behind it have been referred to above. The correlated factors that have the potency to make a marriage a success or a failure are based primarily on an understanding of the nature and manifestations of sex.

Bear this in mind. It is important. To those who are contemplating matrimony, it is of vital importance. Women

build their hopes of happiness on marriage; but in order to have the realization compare favorably with the expectation, it is necessary that they know something tangible of the profound realities that are bound up in marriage.

It is one thing to anticipate matrimony with a romantically sentimental notion of what marriage implies. This notion is gathered, not only from an endless stream of fiction, but in no small degree from the actual teachings and misrepresentations that are inculcated in the name of education and social forms.

It is an entirely different thing to prepare for marriage with an understanding of the duties and responsibilities that are involved in this serious undertaking; of the love and joys, the trials and triumphs, that are the logical fruits of an intimate reciprocal relationship and mutual adjustment, and of the actual sexual foundation that underlies the whole complex structure.

COURTSHIP AS A PREPARATION FOR MARRIAGE

Not an Educational Substitute. Under modern social conditions, and from the standpoint of prevailing ideas on the sexual question, the nearest approach to preparation for marriage is obtained in courtship. Of course, it cannot be considered as a substitute for such a genuine preparation as has been advocated in the form of a well-rounded educational program from childhood; this program to embrace an understanding of biology in general and sexual ethics in particular.

However, we shall consider courtship in its more or less conventional sense, with its limitations and advantages. Even young people who have never been adequately informed upon the subject of sex, usually are unconsciously groping for a practical solution of their problems in courtship.

As young people normally approach adulthood, they feel the attraction for the opposite sex in a general way, and more especially for some particular individual of that sex. Sometimes this attraction reaches quite an acute stage upon very short acquaintance, even at the first meeting, as we have discussed it in a previous chapter under the classification of "love at first sight." But, as time has abundantly proven, marriages based on so superficial an acquaintance are rarely successful. Hence, the desirability of courtship as a period of intimate association and companionship.

It is because of the lack of psychological insight on the part of both young men and young women that unnecessary misunderstandings sometimes occur when the promptings of love make themselves felt; at least both parties feel themselves baffled by the strange tactics of each other, except insofar as they have acquired some haphazard knowledge, or have been fortunate in their intuitive gifts.

For instance, the tactics of the man in courtship, as well as in his biological rôle generally, tend to be active, even aggressive, whereas, the woman is disposed to be passive, at times resistant, and reserved, perhaps procrastinating. When he is satisfied that their love is real and taken for granted, he wishes to rush the matter through at once, to marry, or consummate their bliss in complete union, which is in keeping with the aggressive rôle of the male.

On the other hand, very often the young woman displays an attitude of reserve and hesitancy that altogether baffles her Romeo—perhaps it would be evidenced even more often than it is were it not for the artificial stimulus of social ambition or economic pressure.

As Gallichan observes: "The contest between the vehement wooer and his defensive partner is not without real stress and often torment, even when both are enthused by

sincere and fervent love. Courtship is not simply a preliminary. It is a continual preparation for a career of the supremest import to the pair and to the race. The impulse to dominate and subdue the coyly resisting woman is very powerful in the man, and in morbid forms this impulse may become cruel."

This natural reticence on the part of the female is quite the general rule throughout the animal world. It has as its biological reason the enhancing of the desirability of the female, and arousing the male to greater resourcefulness and skill as a lover. Behind all this is the purpose to stimulate the erotic impulses, to quicken the sexual instincts in the service of the species. It is known that a high degree of excitement of the nervous system is a desirable prelude in facilitating procreation.

Courtship affords opportunities for the cultivation of favorable mental impressions, or predisposing fetiches—in their best sense and normal relation. These tend to crystallize into tender sentiments and finally love, with all the psychic, spiritual and physical manifestations that are bound up in this complex pairing hunger.

In this connection, Prof. Morgan remarks: "The hypothesis of sexual selection suggests that the accepted mate is the one which adequately evokes the pairing impulse. Courtship may thus be regarded from a physiological point of view as a means of producing the requisite amount of pairing hunger (sexual passion), and courtship is thus the strong and steady bending of the bow that the arrow may find its mark in a biological end of the highest importance in the survival of a healthy and vigorous race."

Length of Engagements. The length of engagements must necessarily vary on account of widely varying conditions prevailing in different cases. Generally speaking,

however, prolonged engagements are not to be recommended, as the close communion of the loved ones implied in the betrothal, without the release of nervous tension afforded in the normal culmination of the love episode, tends to prove a wearing ordeal on the nervous system.

It is particularly difficult to the man who lives a continent life, unless his sexual libido is weak, because the frequent excitement of the masculine nature, without experiencing *detumescence,* produces tensions that are deprived of the normal means of relief.

In this way the accumulation of secretions may set up local irritations or inflammation of the glands of the groin, causing congestion that is detrimental to the reproductive system; or the frequent stimulation of the sexual centers of the brain and the excitation of the organism generally, may influence the nervous system adversely. It is not too much to say that the health of men has temporarily suffered from experiences of this kind, besides the more general bad effects on efficiency in everyday life.

While the man may feel the experience the more keenly, in many instances the more slowly aroused woman, too, will in time show the wearing influence of a prolonged engagement on her sensitive nerves, as a result of the recurring sexual excitement and the erotic stimulation on her imagination.

Physicians versed in the ways of sexual dynamics, advise against long engagements, unless there are some unavoidable conditions that prevent an earlier marriage, or personal idiosyncrasies that exempt the individual from the strain that is normally felt.

Proper Age to Marry. The question of the proper age to marry must necessarily be more or less an academic topic of discussion, because there are so many influences—social,

economic and others—that are apt to conflict with the primary requirements of the individual.

Dr. Iwan Bloch, the famous sexologist, states that marriage at an age *too youthful* (below twenty for the woman and below twenty-four for the man), and at *too advanced* an age (above forty for the woman, and above fifty for the man) is also disadvantageous to the offspring, as manifested by higher mortality of the infants, and by the more frequent occurrence of malformations and abnormalities.

From the ideal standpoint, both the young man and the young woman might find it advantageous to marry upon the completion of their full physical development—which, of course, varies chronologically somewhat in different individuals, as well as in different races. This is the time, too, when the enthusiasms and ideals are at a high mark, when the vitality and health are at their best, and when there is normally excellent adaptation to meet the personal adjustments that successful marriage implies.

Probably the only real drawback to the early period is the comparative lack of mental maturity that might militate against the permanancy of the affections in the face of radically changing ideas, or evolving intellectual potentialities that may finally throw the parties to the marriage into different and uncongenial spheres.

But the conditions of modern life are such as to make even the most ideal arrangement quite inexpedient, to say the least. To begin with, the average young man, upon the advent of adulthood, is rarely able to meet the obligations that are called for in the support of a wife, with the added possibility of a family. If he is preparing for a profession, there is the prospect of a number of years elapsing before he completes the training requirements demanded by his calling, and while a business vocation may make an earlier start possible,

the remuneration is often insufficient for more than bare personal needs.

There is the possibility, when an early marriage is earnestly desired, of the girl contributing to the success of the plan by augmenting the income, if she is prepared by training to do so, as girls and women are becoming economically independent in increasing numbers. Even this arrangement, however, will fall through if pregnancy occurs, which will soon keep the young wife home. And not only will the household be deprived of her portion of the maintenance, but the normal household expenses will eventually be increased by the expenses of the confinement, and the permanent additional expense of the child, perhaps to be followed by others.

If it were possible for young couples so situated to have access to reliable contraceptive, or birth control, information, so that they could postpone the coming of children until such time as the income of the husband would meet the family needs, then this phase of the problem would be solved. In more and more instances, married people are becoming informed upon this important subject, as the birth statistics show, notwithstanding the obstacles that are thrown in the way by those who would make parenthood an accident of chance, instead of a voluntary act.

CONSANGUINEOUS MARRIAGE

Advice is frequently desired on the question of marriage between blood relatives (consanguineous marriage), either as a matter of general information, or for personal reasons by those considering marriage with a blood relative. This question usually comes up in connection with the marriage, or prospective marriage, of cousins (either first or second), nephew and aunt, or niece and uncle.

The opinion is widely prevalent that consanguineous marriage, even when the contracting parties are in excellent health, will quite inevitably result in children that are physically and mentally inferior, deformed, feeble-minded, predisposed to disease, or otherwise defective; if, indeed, the union will not be barren.

This opinion, which is based on popular fallacies and misinformation, undoubtedly received its currency from the quite universal prejudice against incest, or sexual intercourse between close relatives.

Extensive investigation, however, indicates that consanguineous marriage is not in itself injurious to offspring; that if both parties are healthy and vigorous, and have no objectionable hereditary strain, the children of such a union should be just as healthy and bright as those of any other healthy parents. As a matter of fact, if the blood-related parents are exceptionally strong and gifted, the chances are that their offspring will possess these desirable qualities in an enhanced measure. The reason for this is that hereditary strains in the children of blood relatives tend to become intensified.

Therefore, if the parents have a certain hereditary taint, or predisposition to disease or abnormality of any kind, even though it be latent or unnoticeable in either of them, this undesirable trait *may become dominant* in their children, or at least in a certain proportion of their children.

The same thing may be said of children of parents *not blood related,* if they happen to combine hereditary strains that have a similar pathological predisposition. For instance, it is decidedly inadvisable for people to marry, even when not blood related, if there is on *both sides,* a similar unfavorable hereditary strain, such as unsoundness of mind,

or any degenerate tendency, even though it be latent in the individuals considering marriage. When two latent hereditary traits combine in offspring, they tend to become dominant.

So the whole problem hinges on the fact that certain traits, both good or bad, are transmitted by heredity; and in consanguineous marriage, they are apt to be intensified in the offspring. If the family history [1] may be considered unfavorable to the marriage between blood relatives, it would be better not to contract it; or if such a marriage does take place, the principals might well consider carefully the responsibility they are undertaking, and risk they are running, before having children.

In this connection, Dr. S. A. K. Strahan (*"Marriage and Divorce,"* 1892) writes: "This accentuation of all family character is what must always happen in the case of consanguineous marriages. If there is any taint in the family, each member of the family will have inherited more or less of it from a common ancestor. Take the case of cousins, the descendants of a common grandparent who was insane, and of insane stock. Here the cousins are certain to have inherited more or less of the insane diathesis. Even if the taint has been largely diluted in their case by wise, or more likely, fortunate marriages of their blood-related parents, yet they will have inherited a certain tendency to nervous disease, and, if they marry, that taint may appear in an aggravated form in their children. Some of the children of such parents are generally idiotic, epileptic, dumb or scrofulous. It may be that the parents and possibly the grandparents of these children have not up till that time displayed

[1] "A family history including less than three generations is useless, and may even be misleading."—William Atkin.

any outward evidence of the tendency to disease which they have inherited and handed down to their descendants, and not looking back, the parents assert that insanity, epilepsy, scrofula, etc., are unknown in their family."

In consanguineous marriages, the danger lies in the strong probability there is of both parents bearing some particular taint of degeneration which will become pronounced in their children, yet which might be escaped if they each were to marry a person not bearing that same, or allied, trait. Blood relationship of parents in itself is not inimical to healthy progeny. It is the double tendency to disease when the tendency exists, which brings about the ill effects to children.

The ancient Egyptians, the Romans, Persians, Phœnicians, the Incas of Peru, and other peoples of antiquity, were addicted to consanguineous marriage. Among some of these races, it was the practice for brothers and sisters to marry, and even mothers and sons, and fathers and daughters.

The Ptolemies, the famous ruling family of Egypt, intermarried, brothers with sisters, so as not to defile the royal line with ignoble blood. Cleopatra, for instance, was the daughter of a brother and sister, and she married her own brother.

One of the outstanding geniuses of the modern world, Charles Darwin, was the offspring of blood-related parents. They were first cousins. John Ruskin, also, was a son of first cousins.

CHAPTER VI

SEX HYGIENE IN MARRIAGE

The Conjugal Relations—Expressing Love Deepens the Love Feeling—Love Cannot Be Separated From Sexuality—Courtship and Married Lovers—Wooing as an Essential Preparation—The Consummation of Love—Woman Must be Wooed Before Every Act of Coitus—Characteristics of Feminine Nature—Woman's Rôle in the Sex Relations—The Sex Act Means More to the Female—Woman's Subconscious Maternal Solicitude—Benefits of Sexual Expression—Key to Happiness in Marriage—Greater Longevity of Married Women—The Sexual Initiation of the Bride—Coitus the Fulfilment of a Natural Law—One of the Most Beautiful and Sacred Phenomena of Life—Gives Marriage Its Wonderful Potentialities—Overcoming Sexual Coldness—Keeping Romance in Marriage—Jealousy the Destroyer—Frequency of Sex Relations—Intercourse During Menstruation—Intercourse During Pregnancy.

The Conjugal Relations. While it is true that, in general, there is vast confusion about the nature and functions of sex in every department of life, nowhere does this confusion tend to reach a more serious climax than in the intimate relations of marriage.

The problem of the sexual relations in marriage is one of many-sided importance because it affects immediately not only the lives and well-being of the two principals, but usually overlaps into and affects the destinies of others.

Probably the major troubles that result from the conventional, false doctrines concerning sex, so widely prevalent, are due to the irreconcilable ideas of what constitutes the sex-life of the man and of the woman.

Woman was taught to believe, according to traditional formula, that sex is a "nasty" subject—it even used to be

"unmentionable"; that any display of sexual interest, feeling or passion was incompatible with feminine refinement and respectability—only a depraved woman was supposed to evince this human trait; that, accordingly, all manifestations of a sexual nature were to be avoided whenever possible, or passively and reluctantly accepted when surrender proved inevitable.

On the other hand, the sexual aggressiveness and passion of man were duly recognized; in fact, he only was accredited with sexual feeling without regard to the inclinations, wishes or feelings of his mate. The only consistency in this generally inconsistent and wholly inequitable relationship was that, as woman was considered without sexual responsiveness or feeling, it was not of much concern to her when she was, or was not, sexually approached. It was purely a matter of masculine convenience and gratification. Woman was absolutely a negative factor in the union.

We were told of the "gross animal instincts" of the male, and of the more "spiritual" nature of the female. There was a grotesque attempt in the old theory of the marriage relations to unite the "beast" and the "goddess,"—neither symbolizing a human being—and expect happiness as a result.

It was impossible to bring about a basis of sexual harmony on such a false assumption. In the marriage relations we cannot accept as a premise two utterly different concepts —in fact, contradictory concepts—of thought and feeling, and look for happiness.

There are boundless possibilities for happiness in marriage, but they must be achieved on a human basis, taking into account all the complex bundle of feelings, emotions, passions and responses that go into the make-up of normally constituted men and women. And underlying the whole structure, there must be the fundamental principle of mutuality.

Expressing Love Deepens the Love-Feeling. Miss A. Maude Royden,[1] former Assistant Preacher at the City Temple, London, has given utterance to the following sensible thought on the subject of the sexual relations in marriage: "I think the first instinct of most women would be to say that spiritual union should be expressed by physical union, and that unless this spiritual union exists the physical union is 'wrong.' And yet everyone who stops to think will admit that the expression of an emotion deepens it. One can 'work oneself up into a rage' by shouting and swearing. One can deepen love by expressing love. It is noticeable that the whole case for birth control has repeatedly been argued from the ground that the act of physical union not only expresses but intensifies and increases love.

"Marriage is the most difficult of human relations, because it is the most intimate, and the most permanent. To live so close to another who, in spite of all, *remains* another—to be brought so near, to associate so intimately with another permanently without jarring or wounding—that is hard. No wonder it is not invariably a success! But passion makes it possible to many, to whom, without this, it would not be possible. Ultimately passion should be transcended since in any case it must be left behind. Yet it has served its end, in deepening and intensifying the love of two people for one another."

These words have a significance that cannot be minimized, coming as they do from a woman who has achieved distinction in economic, social, ethical and religious movements, and finally won the admiration of great audiences in England and America by her ardent championship of a common-sense attitude on the sexual question.

The traditional tendency to dissociate all evidence of sex-

[1] *Sex and Common Sense,* New York, 1922.

ual feeling from love, particularly in the case of young people about to be married, or even among those who are married, and to disparage the human body, has produced unfortunate results that are far-reaching.

Besides neuroses and the frequent proclivity toward vice, which is unconsciously encouraged by treating a natural subject in a mysterious manner, some of the grosser sex perversions, it is agreed among authorities, are traceable to this spirit of audacity and morbid impulse to impropriety.

It should be universally realized that conjugal love is an inseparable combination of physical and spiritual, or psychic, elements, and any disregard of one or the other, or suppression of useful self-knowledge, prevents an honest understanding of the subject which will prove distinctly conducive to marital disharmony. The psychic component of connubial love, indeed, is often just as little understood by those who are prone to undervalue or defame the physical element. To properly understand the subject, it is necessary to consider the physical and the psychic phases as complementary and interdependent.

COURTSHIP AND MARRIED LOVERS

Wooing as an Essential Preparation. Throughout nature, the male woos the female before every act of copulation. The intensity and elaboration of the wooing depends upon the erotic characteristics of the species. The process is an inevitable one, however. It is never dispensed with in the sexual relations in the animal world.

The meaning of all this is organic preparation for the sexual act. Wooing is a form of erotic preparation, physical and mental. Even much of the physical preparation depends upon the mental attitude toward the subject, although there

is always a reaction and reciprocity between those two components.

Only among mankind is wooing—in the biological sense—as a rule neglected. The average man does his wooing before marriage, in the formalities of courtship. When he has won his bride, he ceases his wooing, and society, by neglecting to teach otherwise, approves the ill-conceived course.

Consequently, sexual relations are too often indulged in by the man in an abrupt, matter-of-fact manner. His sexual passion is quickly, often spontaneously, aroused, and he seeks to satisfy himself. This he does, or attempts to do, without any realization of the feelings of the more slowly moved sexual nature of his mate.

Because of the profound differences between their sexual make-up, which has behind them a radically differentiated biological history, they approach the intimacy of the conjugal relations from quite different angles.

Dr. Marie C. Stopes, the English exponent of sex enlightenment and voluntary parenthood, writes on this subject: "It should be realized that a man does not woo and win a woman once for all when he marries her. *He must woo her before every separate act of coitus;* for each act corresponds to a marriage. . . ."

Again, the same writer declares: "Man, through prudery, through the custom of ignoring the woman's side of marriage, and considering his own whim as the marriage law, has largely lost the art of stirring a chaste partner to physical love. He, therefore, deprives her of a glamour, the loss of which he deplores, for he feels a lack not only of romance and beauty, but of something higher which is mystically given as the result of the complete union. He blames his wife's 'coldness' instead of his own want of art. Then (sometimes) he seeks elsewhere for the things she would

have given him had he known how to win them. And she, knowing that the shrine has been desecrated, is filled with righteous indignation, though generally as blind as he to the true cause of what has occurred."

The Consummation of Love. The ardor and impulsiveness of the male must be controlled, and the erotic energy utilized in preparing (wooing) the female for the joyous consummation of love. This can only be realized in a thoroughly mutual, reciprocal relationship—where the desire to possess is equalled by the desire to be possessed. An ancient Chinese philosopher has expressed this thought in these appropriate words: "Where *two* are jointly concerned, *one* must not insist."

Frigidity ("coldness," or absence of sexual feeling) on the part of the woman is undoubtedly a factor in marital disharmony. However, the proportion of genuinely frigid wives to the extent of sexual dissatisfaction must be small.

Much of what passes for "frigidity" in wives is a state of apathy or repugnance to unsatisfactory sexual relations—unsatisfactory because the preliminary wooing and consideration which nature demands has never been forthcoming.

Another type of artificial "frigidity" is cultivated by a process of miseducation with respect to the vital problems of life, to which a large number of refined women in particular have been subjected. Taught from the time of their earliest childhood that everything relating to the physical side of sex is "nasty," "impure," "animal-like," etc., there is created a formidable mental attitude of revulsion toward any sort of sexual experience. As a result of this barrier, the conjugal relations are perhaps looked forward to with loathing, when not repressed out of mind as too "low" and "base" to think of. But even cases of this kind, which involve the re-education of the wife, can be won over by a tactful, considerate

husband who has an understanding of sexual psychology.

The presence of structural defects, abnormalities and chronic affections of the generative organs may be responsible for a feeling of antipathy, or even horror, toward sexual congress. This condition, however, is a problem for the pathologist, or at least for the gynecologist, or specialist in woman's diseases, and lies outside of our present discussion.

We are primarily interested in normally-sexed married people who are seeking the information which will enable them to live a happier and fuller conjugal life.

Fortunately, the great mass of men and women come in this category, and those who have not succeeded in adjusting themselves harmoniously in their sexual relations may do so by obtaining an insight into the fundamental laws of sex.

Characteristics of Feminine Nature. The majority of women who are apathetic, indifferent, or even antipathetic in the marital relations may be re-educated upon a basis of normal expression if the sexual partner shows the consideration which the feminine nature unconsciously, but uncompromisingly, demands.

This implies that the man must never force himself sexually upon his mate, and never assert himself when the act may be physically undesirable or psychically repugnant. The sexual feelings of both men and women run in cycles, but in women the variation is much more defined. At certain times of the month, intercourse may be objectionable to the woman because of the low ebb of her sexual feeling. At such times, which are readily perceivable to the informed husband, he will not engender antagonism and discord by being insistent.

At those times when the woman is disposed to sexual excitation, then the man's advances should be framed in loving words, in petting and fondling; in other words, in love-play

and in the most endearing solicitation of which he is capable. He should never be hasty or rash; always considerate, first and last, of the feelings of his partner.

Dr. T. W. Galloway has expressed himself as follows in regard to the functions of courtship within marriage:

"Even in animals which live together for a season, each act of sex intercourse is normally introduced by at least a brief period of personal courtship. This may be long and complex and with varied appeals of song and movement and color. The value of this is that it prepares both mates physically and psychically for the act of mating. Because of the greater range of psychical development in humans and of the powerful effect—both stimulating and inhibiting—which psychical states may have upon sex interest, this courtship between husband and wife is even more necessary than among animals. Such intimate love-making among those rightly mated makes physical intercourse more desired; by stimulating the secretions it makes union more easy and more pleasurable; and most of all it takes an animal function and lifts it out of a mere physical state into a sacrament which binds together all the phases of human love into one. For this complete union of two persons there is no parallel in all our human experience. Illegitimate sex relations, mating without psychical love, or psychical love exclusive of the privilege of mating, have no such complete or permanent satisfying value.

"Aside from this and yet because of this, love-making courtship between husband and wife should not be confined to times of mating. Even the male birds continue their love-songs to the mate while she is incubating the eggs and when actual mating is past. Married life should continue, keep alive, and perfect that which courtship before marriage began; the development of love while physical union is in restraint. Such love-making has a quality which is very convincing and satisfying to the mate. It adds a special flavor to the joys of the whole married relation."

Woman's Rôle in the Sex Relations. As has been stated, the male plays the aggressive, and the female the passive, rôle. By "passive," let us reiterate, it is not meant that woman's normal sexual life is without feeling or expression. Quite the contrary, her sexual feeling and sensibility are as deep and profound as in man, but of a different kind, not so conspicuously aggressive, and passive, therefore, in a relative sense.

There are important physiological reasons for the relatively passive rôle of the female, which implies not only the fact that she is less aggressive than the male, but also that she is intuitively reserved and hesitant leading up to the sexual relations.

This attitude includes a natural defensive armor of coyness, indirectness and a tendency to delay the consummation of the sexual act. It is paralleled in the period of courtship in the comparative reserve of the female. Even when a woman is anxious to receive the love of a man, her method—if she follows the normal feminine course—is that of convincing him that she is rather indifferent and has to be won.

Of course, the rôle of the female, even more so than that of the male, is considerably swerved from its "natural" bent under the influences of modern civilization. This is due to the artificial character of our social fabric in general, and to the many incidental factors that affect our lives in considering matrimony.

The principal artificial factor is undoubtedly the economic motive, particularly on the part of parents in their anxiety to see that their daughters "marry well"—usually meaning marrying a man with money, with the assurance of social position, rather than marrying primarily for the sake of love. Mercenary incentives in marriage are not infrequent and further complicate a complex problem.

Much of this is quite inevitable under the stress of our modern society, where after all sufficient material means are a necessity—even when love is present. People raised under certain standards of living can not successfully revert to lower standards and remain happy and contented. The old saying, "When poverty enters the door, love flies out of the window," is not altogether a meaningless aphorism.

In view of the pressure of economic and other influences in our artificial society (and I do not use the term "artificial" in altogether a derogatory sense, as there are both desirable and undesirable features in it), it is remarkable that people act so true to form as they do. The marvel is that men and women retain even as much of their "natural" tendencies as they do, surrounded as they are by so many factors that are not a part of the natural scheme of things.

The essential reason for the passiveness and caution of the female is that she plays a tremendously more significant rôle than the male in the sphere of sex.

The Sex Act Means More to the Female. The male, in the sex relations, is concerned primarily with the prospect of a pleasant episode. The female, in the same situation, is concerned (and she seems subconsciously to sense the responsibility, even when it may not consciously be in mind) with the possibility of motherhood. In submitting to the sexual act, she risks suffering and dangers to which the male is not exposed.

Fatherhood, it is true, incurs responsibilities—even more so under civilization than in the primitive state. But they are the responsibilities that have been imposed by tradition, social custom and education, and are not so deeply rooted in the biological foundation of man that they subconsciously influence his automatic behavior, as is the case with woman.

Whereas, fatherhood is, biologically, an incident—mother-

hood is an occupation, of which the organism in its sexual expression and promptings seems to take full cognizance.

The result is, and this is an important fact, that woman has to be wooed and won—unless she is bought at the matrimonial bargain counter, and these cases are here only alluded to because they exist. It is not our province to attempt their solution. These problems cannot be solved in a book of this kind, except insofar as the sexual experiences of those concerned approach the field we are discussing. Where the problems overlap into match-making economics, we can only hope that things will turn out for the best.

Woman must be wooed and won—in courtship; and in every sex episode after marriage, if the man wishes to hold the love and esteem of his mate.

Too much stress cannot be laid upon this important point. Lack of attention to this principle, which may be dignified by the term *law of nature*—as it is universal throughout nature —has been the cause of unsatisfactory sexual relations in countless marriages.

Furthermore, the dissatisfaction engendered by sexual disharmony from this source leads to various other complications. As a result of unsatisfactory sexual relations in marriage, the partners become quarrelsome, embittered and nerve-racked. Neurasthenia is not an unusual result. These are among the more ordinary results that never reach the point of conspicuous public notice.

How many cases of infidelity, separation and divorce are due primarily to this cause it is impossible to say. And while the trouble is so often blamed on the "coldness" of the woman, in the great majority of cases it is due to the lack of insight and understanding on the part of the husband. He has never learned the physiology and psychology of love, and consequently he has never been able to practice in

anything like its complete sense the art of love in marriage.

The husband suffers from his own short-comings, and becomes dissatisfied, often embittered. His wife, physically unsatisfied, and spiritually dissatisfied, is equally at sea, and baffled by a situation which for her has no solution. The solution lies in his hands, if he but knew the way.

Woman's Subconscious Maternal Solicitude. Walter M. Gallichan says in this connection: "Those who are frustrated resort to old adages for consolation, and profess that women's passions are cold by a design of Nature. Men have themselves to blame for their ill-success in this research. The standards of feminine virtue, modesty, reserve and reticence have been set up by men, as the dominating sex; and woman's dependence on the breadwinner and the protector of the brood has caused her subservience to man. Any divergence from tradition instituted by man as the patriarch, or supreme head of the family, has brought penalties and sorrow to women.

"The dread of arousing dislike is one of the origins of sex-modesty. Women all the world over possess a native modesty; and among primitive tribes the instinct is often very marked, and is deep-rooted in the female sex, though the form of expression varies according to race. Civilized women are forced by convention to preserve extreme reticence upon their most intimate, and therefore highly vital, desires, feelings and deepest emotions, because masculine opinion is generally in favor of vestal ignorance.

"Her deliberations may seem evidence of coldness and calculation. In all cases where her heart is vitally concerned her hesitancy is not affectation, but the manifestation of a subconscious maternal solicitude. Her choice is inexplicable to herself in a set formula.

"A man is more impetuous, sudden, aggressive and confi-

dent in his wooing. He can afford to be more love-distracted, romantic, idealistic than the woman. In nine cases out of ten there is no definite sense of paternity mingled with his intense yearning for possession. The question of a family may scarcely enter into his reflections. He is the eternal male, urged on by an overwhelming impulse to seize the woman and bear her away. Her reluctance alternately stimulates and irritates him, and it may even cause exasperation and anger. The senses have overpowered him; the reason is arrested; he may behave insanely. For the lover and the lunatic cannot disclaim kinship. Passion is an exultation and a furore.

"Women who love with their whole beings often confess that there is joy in surrender and submission to a lover. The romantic young girl dreams of the valiant knight, tender and yet strong, who has the power to carry her away. But before a woman can abandon herself happily to the will of the suitor she must feel absolute confidence in his love. The bold lover is usually victorious, because his audacity is a sign to the maiden that he represents her ideal of forcefulness; and the manifestation of power gives her trust in his capacity as a future protector. I am writing now only of love, and not of the various social or mercenary incentives to marriage."

BENEFITS OF SEXUAL EXPRESSION

Key to Happiness in Marriage. Much has been said about the sublimation of sexual energy into channels of non-sexual productivity. While it is true that sexual energy may to a large extent be diverted into other forms of expression, it is equally true that there is a point in the normal person's life beyond which this process cannot be carried without

detriment to the individual. This is particularly true in the marriage state, where there is the continual contact and sexual stimulation. If this stimulus is not responded to sufficiently to satisfy the normal and reasonable craving of the sexual organism, a nervous crisis sooner or later is apt to develop. Neurasthenia in the man, and hysteria in the woman, is too often the price of an unnatural and irrational asceticism, regardless of what name it goes under or what the motive may be.

Sexual well-being as reflected in harmony and reciprocity is the key to happiness in marriage. The results are not only spiritually inspiring to the couple, and in that respect a boon to the institution of marriage, but there are beneficial results to the individual, in each case, of a biological nature, which manifest themselves in improved physical and mental health, a hopeful reaction to life, and in a most fitting sense of well-being.

Kisch, one of the greatest authorities on the sexual life of woman, has commented upon the beneficial effects of wedlock upon the health of ailing women.

Notwithstanding the unfavorable sexual experiences of a considerable number of women in the marriage state, the greater longevity of married women than the unmarried indicates that even partial gratification is better than complete inhibition of the sexual life.

Matthews Duncan declares there can be no doubt of the value of intercourse in regulating the sexual life of woman. Anstie states that unappeased natural desire is a frequent source of neurasthenia in the female sex, and that digestive disorders and anemia are often cured by marriage.

Rohleder is also of the opinion that various neurasthenic symptoms disappear in successful marriage, and that suppressed desire may cause depression of spirits, irritability and

excessive lust. Dubois writes: "The moderate exercise of the sexual functions can create a salutory euphoria and calm the nerves, even in sick people; it favors sleep, and sometimes causes painful mental states of anxiety and vague unrest to cease."

Mosso, in his work on *"Fatigue,"* alludes to intercourse as both a stimulus and a sedative. Haig gives a physiological basis to the benefit derived from the sexual act by stating that it lessens bad temper by withdrawing blood pressure from the brain.

In the works of numerous sexologists, including Ellis, Robinson, Gallichan, Robie, Long, Stone, and others, the benefits—physical and mental—of normal sex expression are stressed.

After all, the relationship between health and the exercise of an important biological function like sex should be perfectly obvious. Mankind is equipped with special sets of sexual nerves, very complex in their ramifications. This organization of nerve structure was meant to be utilized. As the response to all nerve stimulus is either pleasure or pain—never indifference among normal people—it follows that pleasure is a legitimate result to be expected of sexual expression.

When the mental attitude of a couple is in harmony in regard to the function of sex, when there is insight and understanding, sympathy and mutuality, the physical consummation of love is the highest expression of ecstasy and sublimity.

That this evidence of supreme bliss, or anything approaching it, reacts in enduring happiness, well-being and mental and physical health, should be as clear as the connection between cause and effect can be.

The preparation of the husband for marriage has already

been alluded to, and will further be stressed in the next chapter. The wife also has her responsibilities, her contribution to the solution of the problem of marital happiness, which cannot be thrown upon the shoulders of another.

As the Rev. Hugh Northcote remarks in his excellent volume, *Christianity and Sex Problems,* there is as much "sin" in sexual frigidity (coldness) as in excessive venery, and that a well instructed woman would not allow herself to form "a false and illusive theory of wedded love disjoined from physical pleasure. She would think it not right, after accepting the obligations of matrimony, to rebel against the law of nature by rejecting one of the most vital and important of these obligations."

The wife acts wisely and in accord with her normal rôle in the sexual sphere in not acceding at once and unconditionally to her husband's amatory advances, leading to the marital relations. Modest reluctance and hesitancy on her part, with a prolonging of the love-play which naturally follows, perfect the mental and spiritual state for the acme of enjoyment to be derived, as well as enhance the physical preparation for the act.

The Sexual Initiation of the Bride. The problem of the sexual relationship in marriage depends, to a large extent, upon the attitude of the couple toward sex matters at the time of marriage, and in the sexual initiation. It is true the first union may be difficult for the bride, or even painful, owing to the resistance of the *hymen,* but with a tactful, informed husband, and a rational insight into the nature of the act on the part of both, this should be the beginning of a rich and developing experience, a life-long adventure that will bring mutual joy and keep vitally alive the inspiration of love.

Copulation,—coitus, or *coition,* the technical terms for sex-

ual congress—is the fulfilment of a natural law, and in the human relations signifies one of the most beautiful and sacred phenomena of life. It is the most complete and intimate relation possible between two human beings, and should only take place under the impulse of love and mutual desire. It is not limited to local stimulation and ejaculation, but invokes complete reciprocity between the entire organisms of the two individuals, and is no less psychic and mental than physical. There should not only be love implied, but love *expressed* in kisses, caresses and intimate embraces. Erection and ejaculation depend partly upon reflexes from the genital organs and partly upon action of the central parts of the brain—hence the influence upon the love act of demonstrations stimulating the imagination and arousing the mental and spiritual entities of the being. The exquisite pleasures and enjoyment arising from the consummation of the love episode, following all its stages of intimate preparation and eager anticipation, cannot quite be compared to any other experience. It is that which gives marriage its wonderful potentialities, and if they are so seldom realized, it is due in no small measure to the ignorance and lack of understanding of its devotees.

The woman about to be married will naturally help in the solution of her problems if she, together with her future husband, will study and consider this question. A common effort so made to gain as full an understanding as possible of the nature and beauties of the sex relations in marriage will be amply repaid.

As has been mentioned, but which cannot be overemphasized, preceding every act of coitus, there should be a period of courting, in which haste should figure not at all—a preliminary in which the husband takes the initiative

in caressing, wooing and engaging in the gentle love-play that is the elixir of sexual happiness. And at no time is this preparatory wooing more essential than in the early marriage relations. The importance of this preliminary cannot be over-stressed; it is as vital to the function of copulation as the actual union of the organs, and is universal throughout nature, where sex is controlled by guiding instincts. In the human family, where certain instincts have been subject to inhibitions and repressions until they are no longer operative, or at least recognizable, this feature has to be learned, the same as we have to learn many things that are done instinctively and automatically in the natural world. Even savages seem to have the instinctive sense of conjugal behavior, which has to be taught in the higher civilized states.

The reason for the preparatory stage of sexual union is both physiological and psychological. In the process of physical preparation for coitus, there is a pronounced change in the sexual parts. The organs become distended and gorged with blood, the sensitive nerves react to the state of excitation, certain lubricating secretions are emitted which cover the parts—all tending to make intercourse easy, desirable and joyful. The condition, which is called *tumescence* (sexual preparedness—a physiological tension), is more readily achieved in the male; in fact, it often reacts spontaneously to sexually exciting stimuli. In the female, on the other hand, the condition normally is much slower in manifesting itself, for very good biological reasons (hers is the burden of pregnancy and motherhood), and the preparatory wooing acts as the ideal stimulus to awaken the slumbering ardor of Venus. There is not this great difference in the case of the very passionate woman, but ordinarily this is the rule.

The psychological aspects of preparation are equally important, and interdependent and coincident with the physiological. The psychic stimulation releases the emotional floodgates of love and passion, and there is a spiritual upwelling that brings forth the finest and noblest qualities of the human soul.

The sexual act under these conditions, with an absolute mutuality of thought and feeling, is the finest fruition of love, with all its vitalizing reverberations. As Gallichan well says: "Consummated love has a softening, healing, inspiring influence. It often expands the sympathies, stimulates forbearance, and teaches self-denial, forgiveness and consideration towards faults and foibles. In an instance of real love the two are one after marriage. The harsh egoism is lessened, there is regard for the continual well-being of the other half of the unit and a reciprocal desire to give happiness."

In the case of the bride—the preparatory stage has been dwelt upon, but not unduly, considering its importance—there should be the utmost tact and solicitous care used in the wooing. It may even be desirable in some instances to continue the courting tactics over a period of a few days before completing the act of coitus. This, however, is not always necessary, particularly if the woman, by acquiring a rational insight into sexual matters before marriage, comes with an attitude of curious and loving expectancy.

In any event, the consummation of the act should not take place until the bride is ready and willing. By using deliberation and loving patience at this time, and during the following honeymoon days and weeks, there is prepared the foundation for happiness throughout the whole period of married life. Married lovers enjoy the finest example of human relationship.

OVERCOMING SEXUAL COLDNESS

There is undoubtedly a larger percentage of sexual coldness or frigidity among women than there is the equivalent condition among men. But it is impossible to estimate how great a proportion of this lack of feeling is artificially produced, due to the constant repression of sexual instincts over a long course of years, until the emotional nature becomes warped and responds unnaturally and antagonistically to normal sexual stimuli.

Women raised in the atmosphere of ultra-conventional ideas about the sexual question, and who have thereby acquired a revulsion, or a coldness, toward the thought of the sexual relation, would do well to see the error of this attitude. Mental attitudes and ideas play such a powerful rôle in human conduct, that a change of viewpoint will often revolutionize one's whole nature. Nowhere is this more seriously to be considered than in respect to the sexual relations in marriage. The woman who believes herself frigid or with an erotic constitution so weak that it is irresponsive, should make an effort to find out what wonders psychic re-education will perform.

Much ill has resulted from the false notion that woman is completely passive sexually. She is passive only to a relative extent—at least in the sexual relations, man normally assumes the initiative and is the guiding hand, but the act of coitus is not completely fulfilled if the woman does not respond to the wooing and amatory tactics of her partner.

In the secondary phases of sexual expression, woman is certainly not passive, either by nature or adaptation. Coquetry, coyness and other characteristic feminine attributes are positive, if more or less subtle, evidences of sexual interest and expression. Many women excel in the

active attraction of men, and by a subtle technique that is not by any means apathetic take the initiative in courtship.

This undeniable evidence of sexual interest and activity in woman in the pre-marriage state is analogous to the normal sexual activity of woman in the conjugal relations. It is her privilege to actively participate and find pleasure in sexual congress equally as much as it is the man's. Montaigne went as far as to say that women are "more ardent in love than men." Certainly their eroticism is more extensive, and diffused.

It is vitally important to the success of love in marriage that both husband and wife have an adequate knowledge of the physical and psychological requirements of the sexual union, upon which so much stress has been laid in this chapter. The wooing, the loving preparedness, the physiological preparation of the organs for contact, the mutual responsiveness, and the solicitous care of the husband for the wife's feelings in the matter, are fundamental.

While it is true that the man takes the initiative and, if an understanding lover, holds the guiding hand in sexual congress, the sensible woman desirous of realizing the greatest happiness in married life, will recognize her function and be an active participant.

Malchow (*The Sexual Life*) sums this phase of the problem up as follows: "The woman cannot properly fill her position as wife unless she is competent to supply what is necessary for the satisfaction of the sexual function. By giving that which gratifies the dictates of normal manhood, she will discharge her womanly obligation and bring upon herself a condition that is healthful and, therefore, attractive, together with such a mental state as will make her disposition admirable and amiable. First of all she should remember her humanity and judiciously keep in

control, but not persistently suppress, her sexual prompting. Willingness may be shown by silent acquiescence, and active response, as excitement increases, is indicated.

"By gentle, playful resistance and half-concealed attractions, the imagination is exercised and mutual desire originated, but a combative attitude and lack of active cooperation when excitation has been established should not be shown. Hasty action on the part of the aggressor may be discouraged, but personal desire should be warmly welcomed. There should be no submission in the absence of emotion, but the greater the display of animation after union the more effective and complete the coupling. Elimination of fear is essential, and there should be no progressively suggested actions permitted or excitement occasioned when natural intercourse is prohibited.

"Solicitation is best conveyed by inference, but care should be taken that such be correctly interpreted. Whenever intercourse is attempted the climax should be diligently sought, and personal methods to effect its timely occurrence should be practiced."

Keeping the Romance in Marriage. It cannot be too strongly emphasized that the key to married happiness is to continue courtship throughout life. Happiness in marriage can exist only on a foundation of love, and love must be fostered and attended, and not taken for granted. There is every reason why the romance and beauty of courtship should be continued after marriage. A large proportion of the marriages that have been unable to survive the stormy and treacherous reefs of sexual ignorance could, if the couple had had an understanding of the psychology behind love, have kept the flame of love burning. Tact and consideration are qualities that mean much in the duration of love. The fiery, impulsive, impetuous lover is often a

selfish, vain, egotistical lover, and the passion soon turns to ashes in the wake of his hectic course.

The wise wife will keep herself attractive and pay attention to the little details of person which mean so much to the lover, before marriage and after.

The problem of adjustments of temperament and other personal characteristics is an important one in marriage. There always has to be a certain amount of compromise made by each of the principals in a successful marriage. This compromise is the adjustment or adaptation. If either refuses to recognize this requirement, the seeds of disharmony are sown, and incompatibility is bound to result.

There are no exceptions to this rule, as there are always enough differences in married people, temperamental and otherwise, to require adjustment, so that team-work is made a harmonious possibility.

Tolerance and broad-mindedness are other essentials to marital harmony. Not only is it necessary to make adjustments oneself, but it is necessary to make allowances for certain inevitable differences of opinion, ideas and viewpoints, and to respect them in the other. In this way married people can have their differences—differences that develop and enrich personality—without being disagreeable.

While marriage requires adaptation, it does not mean conformity to a definite psychological measure. Intellectual growth depends upon ready change of ideas, reasoning and discussion, and nowhere is the open forum of free opinion more productive of valuable results than with a married couple.

Probably a more difficult problem, because it is more subtle in its manifestations, is that which may result from a temporary feeling of unsettledness, weariness or aggravation. Even when people are otherwise considerate of each

other, and tolerant, there are blue moments when the faculties of judgment and reasonableness are a little upset. When either one gets into such a frame of mind from whatever cause—and it does not just develop from nothing—this gives the other an opportunity to display some psychological insight, which can be shown with excellent results in a little special consideration, meeting the situation as one would an emergency of a physical nature.

It may be compared to an accident or illness when we forget our own convenience for the time being, and give a helping hand. The result of treating tactfully a temporarily upset state of mind will do much to overcome the feeling—prove a help in a very real sense, and should awaken in the mind of the indisposed one a sense of gratitude for the devotion shown in so practical a form.

Mistakes should be admitted, mutually, and readily condoned. Sullenness and pouting have no place in the personal repertoire of an intelligent adult, and are distinctly a reversion to an infantile stage. Expressions of this kind are more or less cultivated—and to a degree are deliberate and voluntary, even if they have become a habit, and are therefore inexcusable.

Nagging may have had its historical mission when only the energy of the shrew could compensate for the autocracy of the male in family life—but it has no place in the family circle of a modern marriage based on love and respect. It symbolizes a cat-and-dog existence and not the married life of a man and woman based on equality, mutuality and love.

A sense of humor is perhaps the most wonderful tonic in the world. Philosophers from the time of Aristotle have tried to explain it. They have written long and interestingly, if not over-illuminatingly, about it. In any event, it is important enough to have merited their notice. Encourage

your sense of humor. It is an infallible shock-absorber. And by sense of humor, I do not mean a preference for the funny strips, but the ability to see the humor in personal situations that concern oneself. Do not take yourself so seriously that all sense of proportion is lost. If you have learned to laugh at yourself, instead of getting angry at the world in general and the individual nearest to you in particular, when things do not go just right, you have made a conquest that is not to be under-rated. If you have learned to laugh at yourself, as well as at others, you have made considerable progress on the road to self-mastery.

JEALOUSY THE DESTROYER

Jealousy is a destructive force which holds a large place in the rôle of the human emotions. It can blast love irretrievably and more quickly than almost any other factor. It is important to realize this because it shows that jealousy invariably defeats its own ends. The jealous person, of course, is actuated by a blind desire to retain the love and affection of the loved one. Jealousy is always irrational, and often insane, as we witness from its results that are reported constantly in the newspapers, or which may come under our own observation.

Not only does jealousy make life miserable for the one whom it is about, but it is a source of torment to the individual who experiences the jealousy. While essentially a psychological experience, its emotional reactions affect the functions of the whole body, upset the internal chemistry, digestion, heart-action, injures health, prevents sleep and is a curse generally.

The background of jealousy, as of many destructive emotions, such as worry, for instance, is fear; fear of losing the

love-object. There are other feelings involved, as anger, envy, pain, vanity, and a sense of inferiority. To compensate for the inferiority which the jealous person feels very deeply, she (or he) makes herself (or himself) extremely important in a grotesque way. When we fly into a rage, we loom big and become significant psychologically—but the significance is based on a false premise, as most primitive psychological forces are that crop out of our rather undiscriminating subconscious mind when they are not subjected to the censorship of our rational faculties.

August Forel,[1] the famous sexologist, had this to say of jealousy, which he called "a heritage of animals and barbarians": "Jealousy transforms marriage into a hell. . . . Even in its more moderate and normal form, jealousy is a torment, for distrust and suspicion poison love. We often hear of justified jealousy. I maintain that jealousy is never justified; it is always a stupid, atavistic inheritance, or else a pathological symptom."

As jealousy is a primitive emotion, based on fear, the way to overcome it, as in overcoming any primitive emotion, is by subjecting it to rational analysis. We all have a heritage of primitive emotions, possibly in widely varying degrees, but to the extent that we succeed in acting like civilized human beings, to that extent we modify and transform our primitive urges. There is no reason why the advanced thinker cannot be as far superior to the savage on the question of jealousy as he is intellectually and culturally.

The primitive emotion of jealousy, too, is subject to modification and by adopting a rational, cultural ideal, and *reasoning* out our problems, our emotions become correspondingly influenced. Furthermore, the fear which is behind it loses its potency when its processes are exposed to the light of

[1] *The Sexual Question*, New York.

logical analysis. And, finally, let us recur to the paragraph on humor: "Do not take yourself so seriously that all sense of proportion is lost." The contacts of life are innumerable and very complex. If one can see it in that light, the irrationality of the policy of resolving the major features of the universe down to a destructive reaction between oneself and the person one is jealous about, becomes self-evident.

FREQUENCY OF SEXUAL RELATIONS

The question of the frequency of the sexual relations is a pertinent one, as it involves the matter of health and well-being of both parties. It, of course, cannot be answered in a specific manner covering all cases, because there are so many factors to be considered. There are differences in age, vitality, temperament, health, mental and physical disposition, etc. Sexual indulgence that would be quite normal for one person, therefore, may be excessive or inadequate for another.

We can speak helpfully, however, in a general way, and depend upon our commonsense and insight into the sexual question to guide us further.

Normally constituted persons at the height of their sexual powers, it is generally agreed, should engage in intercourse not oftener than twice a week. Many persons of average vitality may think they can safely exceed this limitation, but it is always best to avoid the possibility of excesses. Conservative sexual habits are a desirable and safe policy.

Furthermore, sexual congress when preceded by the love-play and wooing which has been stressed, will be found much more satisfying and the period between may be longer than if the act is undertaken in a perfunctory manner—that is, merely as a means of achieving a physical climax.

Later, as they grow older, the couple will find it expedient to lengthen the period between the acts of coitus. Generally speaking—but exceptions must be allowed for—after forty, the sex relations may well be limited to once a week, and in later years, probably after fifty, to two or three times, or less, a month.

Where there is a considerable difference between the sexual vigor of the husband and wife, there should be an effort made to accommodate themselves to each other; that is, the one in whom the sexual libido is stronger should exercise restraint so as not to make excessive demands upon or to overtax the strength of the weaker person.

On the other hand, the one whose sexual nature is weaker should make all reasonable attempts to increase his or her potency, so as to bring about a more equitable adjustment in the sexual relations.

The climax should be followed by nervous relaxation; but if, instead, there be increased tension, this is an indication that the couple have not accommodated themselves to each other. With a rational insight into the nature and beauty of sex, and its expressions, the normal woman should soon overcome any deleterious inhibitions which may have resulted from her faulty upbringing with its prurient emphasis on sex.

There are some wives, quite exceptional, but not rare, who are so robust sexually that they make inordinate demands upon the husband. A policy of greater moderation should prevail here, as excessive intercourse is more debilitating to the man than to the woman. To the latter, excesses cause nervous strain and distressing psychic reactions, but excesses drain the man of his reserve of vital energy.

In the question of frequency, it may seem perhaps that I have spoken too largely from the husband's standpoint; but I wish to reiterate that the wife's wishes and feelings should

always be considered, as repeatedly set forth in this treatise. If the sexual union is a great nervous and emotional strain on the woman, resulting in a state of exhaustion, the effects of which remain for several days, then coitus should be engaged in less frequently. In cases of this kind, it would be well for the man to learn to adjust himself to his wife's sexual requirements, so that these ill effects are avoided. Usually these nervous reactions are the result of some lack of harmony in reaching the climax, or in mental inhibitions on the part of the woman. When the husband has learned from experience, and through the insight which rational sex knowledge should give him, how to adapt himself to his wife's sexual nature, and to encourage her to a full state of responsiveness, the climax should be followed by nervous relaxation, instead of heightened tension.

Moderation is always a safe rule of conduct in any field of life's activities. In no branch is this principle more important in its application than in the realm of sex. Excesses in coitus are not only debilitating, but tend to nullify the pleasure and joy of the communion by making it a commonplace, over-indulged act.

Intercourse During Menstruation. As menstruation usually increases the sexual feeling in women, there is often brought up the question of whether intercourse may be engaged in at this time.

Sexual congress should be refrained from during these periods. In the first place it is unesthetic and unhygienic; and in the second place it is apt to lead to congestion of the uterus and other parts of the woman's genital system. Also, it may cause catarrh in the urethra of the man.

Intercourse During Pregnancy. Intercourse during pregnancy, in the opinion of the leading medical sexologists and gynecologists, is not harmful to the woman, if proper

care is observed in the act. In the past, when extremists and theorists were the principal writers on the subject of sex, it was usually advocated that complete abstinence be the rule during pregnancy. This demand, however, is unreasonable and unwarranted, as it would subject married people, who are used to regular conjugal relations, to a hardship that is altogether unnecessary. It would mean depriving the husband and wife of the relief of nervous and emotional tension that follows sexual intercourse for nearly eleven months (counting the six or seven weeks after parturition during which time abstinence is necessary to permit the woman's generative organs to return to their normal state). Such an interference with the love-life in marriage is uncalled for. As Paley, in his *Moral Philosophy* states, "the prohibition of intercourse at this time is an austerity wrongly imposed."

The woman during this period is not an invalid, and for the most of the time, observing proper precautions and moderation, is in fairly good health.

The sexual relations may be continued with customary frequency during the first four months of pregnancy, but it is advisable to moderate the intensity of the act. For the next three months it is well to engage in coitus at rarer intervals, and extreme care should be taken to avoid pressure upon the uterus. The utmost gentleness should prevail in the relations. During the last two months it is best to desist from intercourse, although some exceptions may be made in this respect. The period of abstinence should be continued for at least six weeks after the birth of the child.

CHAPTER VII

WOMAN'S LOVE-RIGHTS

Right of Female to Enjoyment of Sexual Function—Recognized Among Savages—Erotic Import of "Marriage by Capture"—The Erogenous (Love-Producing) Zones and their Significance in Woman's Love-Life—Sensual Feeling of the Skin—Woman the Affectionate Sex—Effects of Unsatisfactory Marital Life—Woman Craves Love and Affection—"Love Has to Go to School"—The Bridal Night—its Difficulties and Their Solution—Hygiene of the Honeymoon—Reciprocity in the Sex Relations—Mutual Rights of the Husband and Wife.

Right of Female to Enjoyment of Sexual Function. In the preceding chapter, reference was made to the fact that the marital embrace should offer to the wife a felicity of expression and joy equal to that accorded to the husband—a consideration which Havelock Ellis has called the *love-rights of women.* The questions involved in this subject overlap to a large extent those discussed in Chapter VI. The desirability of wooing as an essential preparation for each act of coitus is primarily a consideration of the sexual needs of the woman, although its advantages accrue to both parties to the union.

Throughout the animal world, instinct takes full account of the rights of the female to enjoyment of the sexual function. And in the lower races, which have not been affected by the sexual inhibitions and taboos of civilization, the right of woman to share in the pleasures of sexual congress is fully recognized.

Even the apparent violence of savage courtship, which involves "marriage by capture" and other evidence of force, is not wanting in consideration for the feminine partner.

As Ellis[1] states, with regard to so-called *marriage by capture:* "While this is sometimes a real capture, it is more often a mock capture; the lover perhaps pursues the beloved on horseback, but she is as fleet and as skilful as he is, cannot be captured unless she wishes to be captured, and in addition, as among the Kirghiz, she may be armed with a formidable whip; so that 'marriage by capture,' far from being a hardship imposed on women, is largely a concession to their modesty and a gratification of their erotic impulses. Even when the chief part of the decision rests with masculine force, courtship is still not necessarily or usually excluded, for the exhibition of force by a lover—and this is true for civilized as well as for savage women—is itself a source of pleasurable stimulation, and when that is so the essence of courtship may be attained even more successfully by the forceful than by the humble lover."

The Erogenous Zones and Their Significance in Woman's Love-Life. While any one of the five senses may lead to sexual desire, the sense of touch is most definitely associated with it. Furthermore, tactile expressions of affection are particularly in evidence in wooing and in the preliminaries to the sexual act, and the subject is therefore important in the matter under discussion. Professor Bain maintained that this sense is both the *alpha* and *omega* of affection.

Those parts of the body which are especially sensitive to sexual feeling, or are definitely connected with sexual pleasure, are called erogenous (love-producing) zones.

In the female, these zones are more numerous and much more diversified than in the male.

In the male, the extremity of the penis—the glans—is the principal seat of voluptuous sensation. This portion of the

[1] *Little Essays of Love and Virtue*, p. 104, New York, 1922.

penis is covered with a mucous membrane surface, and is liberally supplied with nerves, which are attuned to sexual response.

The clitoris of the female, however, is in proportion to its size even more abundantly supplied with nerves than the glans of the male. The clitoris is the principal seat of erotic sensation in the female, but there are several other erogenous zones which have a very definite sexual significance in stimulating sexual feeling.

Of the sexual parts, the vagina—the principal portion of the female organs involved in copulation—and the lower end of the womb, are also highly sensitive and are included in the erogenous zones; as also are the smaller lips (*labia minora*) of the external genitalia.

The next important zone in the female is the nipple of the breast, which is a part of the generative system of the woman, and directly related to the sexual organs in erotic sensibility as well as in function.

Thus, the female breasts have always been recognized as a factor in love-making and in stimulating sexual passion. For her part, woman has been more or less conscious of the erotic importance of her breasts and has contrived by the arrangement of dress, partial exposure, and otherwise, to make the most of this feminine asset.

The lips are also universally recognized as an erogenous zone, as is evidenced in the kiss. The kiss also figures prominently as a prelude to more intimate relations, as well as an expression of affection generally. Furthermore, it has been found that in a large percentage of individuals of either sex, more or less marked sexual desire is aroused by mechanical stimulation applied to the lips.

As the nerves approach the surface of the body, of which they are the medium for sensation, they split up into a net-

work of subdivisions. It is an interesting physiological fact to note that one kind of these nerve structures, called "Krause's end-bulbs," which are unusually large and sensitive, are found principally in the penis, clitoris and lips.

Finally, the skin of woman on almost all parts of the body is subject to sensual feeling under suitable stimuli.

In a sense these facts are fairly well known, but the knowledge is not adequately utilized in a legitimate way. By this, I mean, the average married man lacks a full realization of the importance of the erogenous zones in love-making. And because of this short-sightedness, he falls that much short of his potentialities as a successful lover.

Just as woman's erogenous zones are more numerous than man's, so, too, is her sexual feeling more diversified physically, and her sexual nature more complex psychically.

The feminine sex is pre-eminently the affectionate sex. Physical excitements provoke reflexes more readily and more strongly in woman. Her emotionalism, generally speaking, is more demonstrative under all circumstances than man's.

Effects of Unsatisfactory Love-Life. It is understood that "sex" and "sexual," in the sense in which they are used in this volume, are terms that include all the reproductive impulses and love-forces, direct and indirect, conscious and unconscious; in other words, all those biological functions and impulses that are employed in the interest of the race.

While sexual passion, as a direct feeling, is unquestionably stronger in the male, the feeling of parenthood, with all that this implies, is stronger in the female. There are individual exceptions to this rule, of course, and because they are recognized as exceptions, they only tend to emphasize the universal application of this rule.

Woman's constructive rôle in the reproductive realm is responsible for her more diversified sexual psychology, as

well as for her more complex sexual physiology. And this fact has to be taken into consideration in the marital relations if there are to be mutual happiness and well-being.

It is impossible to estimate how large a proportion of the cases of neurasthenia and other "nervous" troubles is due to an unsatisfactory condition of the modern woman's love-life.

Dr. Paul Dubois, the famous French neurologist, states in his *Psychic Treatment of Nervous Disorders:* "A still closer connection is established between the psycho-neuroses and the sexual life, and if patients were a little less discreet on this point we should see that there is very little 'nervousness' in those who have no sexual disturbances."

There are women without number who are in the nerve-racking position of possessing normal sexual desires which are never completely satisfied because (1) of the irrational sex inhibitions which they have acquired as a part of their culture, and (2) of the husband's lack of knowledge of feminine sex psychology.

The last-named factor is of greater importance in many cases than the first, because a tactful, informed husband could help to overcome the irrational inhibitions. He could do this by taking the initiative—and only he can successfully take the initiative in sexual congress—in securing a harmonious adjustment of the sexual relations.

Woman craves love and affection, and if she is placed by marriage in physical juxtaposition to the means of satisfying this craving, without ever enjoying the gratification that her whole organism demands, a state of chronic disorder is bound to ensue. As a result, we have explosive "nerves" with all sorts of concomitant physical and mental disturbances —the price of sexually cheated womanhood.

As much as the evil of sexual excesses in marriage is cau-

tioned against, ignorance of sexual psychology and conjugal hygiene often leads to harmful denials that are no less injurious than immoderation. Undue ascetic restraint accounts for far-reaching disturbances in the emotional, mental and physical make-up of married people.

The conflict engendered by physical intimacy on the one hand, and physical denial on the other, is provocative of violent nervous upheavals.

Balls-Headley came to the conclusion as a result of his observation in Australia of seven thousand cases of ailments of the generative system in women, that lack of satisfaction in the normally constituted woman is a fruitful source of disorder.

It is true that the monotony of household routine tends to create a neurotic background for many women. But when to this is added a sexually unhealthy life, the breaking point is hastened and the damage intensified, when it might have been retarded, or minimized, or even successfully overcome if the marital relations had been successfully harmonized.

The question of overwork in the ordinary modern household should not be a serious one. Freud struck a significant note when he said that the physician who informs a busy man that he has overworked himself, or an active woman that her household duties have been too burdensome, should have told his patients they are sick, not because they have sought to discharge duties which for a civilized brain are comparatively easy, but because they have neglected if not stifled their sexual life while attending to their duties.

Cabot has said: "Love has to go to school like every other human faculty, and marriage is the only school where the sessions are long enough and continuous enough to break through the barriers just beyond which are the prizes."

And starting marriage untaught has its hazards as we have seen. While the sessions are long enough and continuous enough—the trouble is that the tutors do not know the subject which they are undertaking to teach. The mistakes have been many and serious, and it is not difficult to understand the ill results that so often follow.

Married life, from every angle, is a process of adjustment, coöperation and mutual consideration. The sexual relations, signifying a physical, emotional and spiritual communion in the consummation of love, are the key-stone of the matrimonial arch. It stands or falls on the success or failure of these relations.

The Bridal Night. In the preceding chapter, I have spoken of the rôle of the man as the wooer in the preliminaries to the sex act. There are other important problems involved, including the procedure in the initial act of copulation, usually the desirability of controlling conception, and other questions upon which enlightenment is required.

The sexual initiation, or the bridal night, is often the most important event in the whole life of the bride. Upon the result of this experience depends in a large measure her whole physical and mental reaction to future sex relations, either for a long time to come, or even permanently.

It is necessary to generalize in discussing this subject, or any normal phase of the sex question. This is somewhat unsatisfactory, as there are many types of women, representing widely different degrees of sexual sensitiveness, vitality, curiosity and enlightenment.

Women who have been informed upon the subject and have had their curiosity aroused so that they are prepared, and perhaps anxious to participate in the consummation of the marriage, offer no problem in this instance. By their

preparation, they have found the solution, when the husband is equally well informed, to one of the most important problems they will have to encounter.

We must consider the status of the young woman who has only a vague idea, and possibly an ill-founded one, of what the sexual relations will mean to her. Furthermore, some women are extremely sensitive and nervous. Others are tender, and the rupture of the hymen, if it should be somewhat resistant, may cause considerable pain, if the utmost care and solicitude are not shown.

In this case, the complete act of coitus should not be attempted at first. It is better that the hymen be gradually stretched, to avoid a painful tearing away of the membranous obstruction. Several nights may be required to bring about the complete defloration, without shock or injury. And the man who shows this consideration and care in initiating his bride will never have occasion to regret his foresight. He may be sure that the woman of his choice will always remain grateful for his restraint.

After the first coitus, which represents the beginning of the practical initiation of the woman in the conjugal relations, there is still a considerable period which calls for extreme discretion and moderation on the part of the husband.

Love, as has been explained, is a more diversified manifestation in the woman than in the man. With her, it is expressed in caresses, embraces and in less sensual evidences; whereas, in man, it is more centralized in sexual passion.

The husband should remember that the erethism, or desire, of his wife should correspond with his own before the sexual act is undertaken. Insistence, or compulsion of an indisposed partner is a decidedly unhygienic and unethical practice, destructive to connubial harmony.

Repetition of this offense is liable to lead to serious con-

sequences, such as a positive loathing for the husband, and an acquired aversion to the physical expression of love. The intricate ramifications of the nervous system by their reaction to sexual stimulation, produce a proper mental and emotional state, when the physical condition is favorable, as a preliminary to copulation.

In man this condition is readily aroused, but in woman it is usually slower in manifesting itself, and often the feeling is aroused only at the periodical high tides of sexual vitality, generally just before and after menstruation. However, there is no rule governing definitely the time of these occurrences, as the occasions of this physical preparedness, or *tumescence,* are widely variable.

In the early weeks of marriage, the psychological factor is more important than at any other time, except during the bridal night itself. During the honeymoon period, the psychic state of the bride is extremely sensitive to impressions and shocks. The utmost tact and consideration are required of the husband in all his intimate actions and attentions.

The future of marriage may be made secure to happiness, or irreparably marred, by these early experiences. There are women advanced in years, and mothers of men, who have never completely recovered from the tragedy of maladroit initiation into the consummation of marriage. Sometimes a condition of frigidity is produced in a wife during the first few weeks of wedlock. The possibilities are open at this time for the harmonious physical blending that will bring the couple together in a sublime merging of body and soul—the highest goal of true married love; or, the experience may arouse in the woman a revulsion and horror and inflict on her sensitive nature a wound that may never entirely be healed.

In the process of making a harmonious sexual adjustment,

therefore, the young husband will bear in mind the psychological difference of the two sexes, and never be hasty or rash in asserting himself. He must realize that he is taking in hand the practical sexual initiation of his spouse—and at the same time adding to his own empirical sexual understanding.

Reciprocity in the Sexual Relations. The traditional Occidental notion of the sexual function has been that man is the sole deriver of pleasure, and that woman is merely an instrument to contribute to this end.

The Orientals, more versed in the arts of love, have to their credit generally recognized the reciprocal relationship of the sex act, and are scrupulously conscientious in their fulfilment of this requirement.

Dr. Wilfrid Lay (*"A Plea for Monogamy"*) has expressed this ideal of reciprocity in the sex relations in the following words:

"The right of the wife to experience the erotic acme at every love episode is only beginning to be admitted. Up to the present time the husband has generally gone on the principle of taking his wife's body for the fine physical catharsis he fancies it produces in himself.

"Taking a woman's body, without 'considering too curiously' just how it strikes the woman is manifestly, to any thoughtful man, merely a one-sided affair. It involves only as a negative quantity the results of his action upon the woman, because erotically the result is negative in her case. The most it can do is to stir her emotions a little, leave her with more or less ungratified desire, a tension which in the end is most harmful to her.

"Only a man whose mentality is below par or undeveloped can feel himself fully satisfied with an attempt at a purely physical love episode like this. To his unconscious it can be but the stepping up a step that isn't there, a striking out at the empty air.

For the exultation (which would come from passion reciprocated) is indelibly registered on his unconscious as a negative quantity. It is a dent in a surface intended by nature to be convex. In the fully developed man all the sensibilities registering response in the mate are present, and if they are not given the opportunity to function, the lack of it is definitely recorded in the unconscious. The man has as much right biologically to a response in his wife as the wife has a right to be sympathetically handled.

"In a time soon to come men will take into consciousness and into conscious control all instinctive actions, and all these unconscious lacks; and will so plan their love that the absence of response will be avoided. The woman's right to be made to respond will be finally acknowledged.

"The right of woman to experience such stirring up of conscious depths of soul as is caused by the erotic acme of the love episode, and the advantage to her health and general welfare coming from such stirring are two separate questions. . . . For the existence of the relation of a higher type of erotism to health of body and mind physiological science is piling up proof every year. There is a positive relation, a direct connection, of cause and effect. Only the fullest use of all the faculties makes the fullest and therefore the happiest life.

"Response as an actual manifestation on the wife's part may be absent while there is a repressed response present. In other words the desire and gratification of it may both occur in her, but below the level of consciousness. A previous attraction which drew her toward her husband when he was her lover may have been repressed by some gauche behavior of his. Desire, even after conscious passion has cooled, may nevertheless remain in the unconscious. If consciously accepted, desire is accompanied by a physical condition of tumescence. If not consciously accepted, either the tumescence does not enter consciousness or it is not in the same organs it would be in if one were consciously entertaining desire.

"In the absence of the proper or suitable substitute gratification, the increase of blood supply to specific organs gradually diminishes and the desire gradually subsides; but there is still left a nerve tension that is closely bound up with various ideas, images and other predominantly mental states."

CHAPTER VIII

BIRTH CONTROL IN RELATION TO THE LOVE-LIFE

What Birth Control Really Means—Ignorant Confusion with Abortion—Legal Proscription of Contraception—Ban on Contraceptive Information Fosters Abortion—Religious Prejudice Against Contraception—Individual Clergymen Advocate Birth Control—Morality of Birth Control—Immorality of Excessive Child-bearing—Fallacy of Intercourse for Reproduction only—Sexual Union Has a Value Aside from Procreation—Not Purely a Physical or Animal Function—Continuous Child-bearing a Primitive Practice—Trusting to "Instinct" and "Nature"—Fear of Pregnancy and Marital Disharmony—Coercion for a Morbid Ideal by Opponents of Birth Control.

What Birth Control Really Means. There is no other question within the broad scope of sexual problems that has aroused so much controversy in recent times as birth control. And it might be added that, notwithstanding all that has been said on the subject, *pro* and *con,* no great question has been so little understood.

Because of the lack of frankness and honesty in dealing with all matters relating to sex, misunderstanding and misrepresentation were bound to occur over a topic like birth control. For instance, there is still widespread ignorance concerning the actual meaning of the term, which to its modern advocates implies *contraception—i. e.,* prevention of conception.

"Birth control," to many ill-informed people, still connotes such primitive methods of keeping the population in check as abortion and infanticide, or it is summed up in some such vague and platitudinous misnomer, as "race suicide."

Others who know better, hypocritically add to the chaos by deliberately confusing birth control with all manner of irrelevant issues.

In addition to these handicaps, there are restrictive Federal and State laws which prevent a wholly free discussion of the subject. According to a literal interpretation of the law in many states, a physician cannot legally give contraceptive information to a married woman patient, not even to protect her health or save her life. In New York State, however, a decision was rendered in the courts of the now famous Case of the People of the State of New York *vs.* Margaret Sanger, which exempts physicians from the provision of the Penal Code as far as the use or prescription of contraceptives is concerned for the purpose of curing or preventing disease. Justice Crane of the New York State Court of Appeals (the highest tribunal of the State of New York), in his opinion (222 New York Reports, page 192) stated, among other things, "that the physicians' exemption in Section 1145 of the Penal Code is broad enough to protect the physician who in good faith gives help or advice to a married person to cure or prevent disease:—'Disease,' by Webster's International Dictionary is defined to be, 'an alteration in the state of the body, or some of its organs, interrupting or disturbing the performance of the vital functions, and causing or threatening pain or sickness, illness or disorder."

It took many years of agitation to get this concession from the legal and judicial machinery of New York State, and many of the other states still stand where New York stood before Justice Crane's decisive opinion was given. And the Federal statutes, which control all transportation and means of communication between states, or even within any state through the post office, are most sweeping in their ban on

contraceptives, even going so far as to include this information indiscriminately with abortion, obscenity and whatnot.

Under these conditions, when officialdom, legislative bodies and the courts, for the most part, hold such archaic views upon this subject, it is not strange that confusion prevails in the minds of the great mass of people.

Suffice to say, however, that birth control in the sense in which it is now used by all modern advocates, as already stated, means contraception—the prevention of conception by safe, hygienic methods. It *does not* mean abortion, or the destruction of embryonic life. In fact, it is the greatest modern preventive of abortion. People who have access to contraceptive measures are not the ones tempted or impelled to practice abortion, or induce a miscarriage, which is more dangerous to woman's health and life than the ordeal of giving birth to a full-term, living child.

Undoubtedly the following words of Arnold Bennett, in regard to the opposition to birth control in Great Britain, are equally applicable to America—as he probably meant them to be, referring as he did to the Anglo-Saxon race: "In my opinion, the main present obstacle to the complete success of the (birth control) movement in Britain is not the arguments against it nor the reactionary irrational opposition which confronts every beneficent and simple plan for the amelioration of mankind. It is the notorious false shame of the Anglo-Saxon race. We do not like to talk seriously about the use of contraceptives."

This refusal to talk seriously about contraceptives confirms the point I have emphasized throughout this book, namely, that the prevailing attitude of prudery is responsible for the fact that any problem relating to sex is subject to vulgar jokes and back-stairs gossip, but it cannot be dis-

cussed in a serious, straightforward manner without exciting the violent opposition of those to whom the fact of sex seems anathema.

Dr. William J. Robinson has estimated—and he considers it a conservative estimate—that there are at least one million abortions in this country every year. He quotes Justice John Proctor Clark as saying there are at least 100,000 abortions performed annually in New York City alone. The mortality from induced abortion is high, as there is always danger of infection, or complications, and the hazards are worse because of the unhygienic conditions under which they are often performed, not infrequently by veritable amateurs. Even those who make an illicit business of it are rarely competent gynecologists. Among the immediate dangers of abortion are hemorrhage, perforation of the uterus, retention of an adherent placenta, sepsis and tetanus. Permanent after-effects that sometimes occur are sterility, displacements of the womb, anemia, malignant diseases and neuroses.

In many cases, when the woman gets on her feet again. there are lingering consequences that undermine her constitution and permanently injure her health.

Among other things, it is the prevention of these abortions, with their train of domestic tragedy, that the birth control advocates seek to accomplish. And, regardless of their motives, the opponents of birth control are in effect helping materially to maintain the practice of abortion. This is proven very conclusively by contrasting the results in communities where contraceptive measures are generally and widely used, with those communities where pregnancy is almost entirely a matter of chance. In those places where married women have ready access to contraceptive measures, there is a rarity of abortion, with its ill results.

There might even be no cases of this kind if it were not for the fact that a certain amount of ignorance and prejudice against the use of contraception prevails among minorities even in the most enlightened communities. It is an astounding paradox that there are women, prejudiced against birth control methods on religious grounds, who are not averse to inducing abortion on themselves to avoid the unwanted fruit of some of their too frequently recurring pregnancies.

These women, of course, are to be pitied, for in their ignorance they but voice the ideas that have been taught them by those to whom they look for ethical and moral guidance. But when their abstract morality comes in conflict with an unbearable reality, they have no rational solution for the problem, and as they are unable to prevent the conflict, they blindly take the desperate chance—the only way out they know.

MORALITY OF BIRTH CONTROL

It should be obvious to everyone that a practice which increases marital happiness, which assures people of greater economic security in married life, and which permits more extensive educational and cultural advantages to the fewer and better children that are born under these more wholesome and more favorable conditions, is a good practice, a moral one.

If there is anything wrong, immoral, or unethical in a family system which promotes love, happiness and well-being within the family, and in a larger sense exercises a healthful social influence, it requires a case of theological astigmatism or ecclesiastical myopia to see it that way.

In making this statement, I realize that many individual clergymen and church people of various denominations have rendered distinguished service to the humanitarian cause of

birth control. I honor them for their vision and courage in thus contributing to the increase in human happiness and for helping in a practical way to encourage morality and ethics.

It is a fact, nevertheless, that the church as an institution, and particularly its more orthodox components, has been and still is the most powerful influence against the principle of parenthood by choice instead of accident, or inevitability in the case of ignorance. And as birth control, by its contribution to human welfare, individually and socially, has become intrenched into the vital morality of our time, it is not a credit to any agency professing moral leadership to close its eyes to so evident a fact.

Margaret Sanger,[1] that militant champion of an emancipated womanhood—and, in a larger sense, an emancipated humanity—has given voice to the following utterance regarding the immorality of excessive child-bearing:

"First of the manifold immoralities involved in the producing of a large family is the outrage upon the womanhood of the mother. If no mother bore children against her feminine instinct, there would be few large families. The average mother of a baby every year or two has been forced into unwilling motherhood, so far as the later arrivals are concerned. It is not the less immoral when the power which compels enslavement is the church, state or the propaganda of well-meaning patriots clamoring against 'race suicide.' The wrong is as great as if the enslaving force were the unbridled passions of her husband. The wrong to the unwilling mother, deprived of her liberty, and all opportunity of self-development, is in itself enough to condemn large families as immoral."

Fallacy of Intercourse for Reproduction Only. Those theorists who argue that sexual intercourse should be engaged

[1] *Woman And the New Race,* p. 58, New York, 1920.

in for reproduction only, and abstained from when reproduction is not desired, are defending an untenable position. To the student of human behavior, with an insight into the sexual nature and love-life of the normal human being, it is difficult to give credit to the honest intentions of those who advocate this course.

They condemn sexual congress as an "animal" function, not recognizing any of the rich emotional, spiritual, and esthetic factors involved in the human sexual union. Accepting this premise, they attempt to make it a purely physical act by putting it on a par with the sexual act of animals who are *automatically* drawn to coitus for reproduction only. In no other respect, it seems, do these people ask us to adopt a purely animal standard of conduct. The sexual union in marriage has a value entirely aside from procreation.

There is no more excuse for considering human sexual relations on a par with the reproductive urge of animals, than there is for human beings to pattern their conduct after animals in any other respect. They belong to two entirely different classes of life. A dog is satisfied with a bone, a master to obey, a crude shelter and an opportunity to fulfil the urge for reproduction when the rutting season comes around.

The proponents of the cause for reproduction only, ask that the human being imitate the dog in the latter respect with no more reason than they might ask him to revert entirely to the status of the canine—or any other animal.

Because human beings are created with reasoning minds—and not merely automatic urges, as in animals—they have not only the natural right, but the moral duty, to use their rational intelligence in enriching their love-life through sexual expression, and in limiting the number of children they shall bring into the world.

In the highest ethical and moral sense, it is crime to propagate a child which cannot be given the educational and cultural advantages that are befitting a civilized human being. There is all too much evidence before us on every hand of the barbarous disregard for human welfare involved in a policy of unrestricted human reproduction.

Unfortunately, the present laws do not permit a free discussion of the means to prevent conception, and it is to be hoped that as a nation we shall soon become progressive enough to consider this subject a legitimate one for normal adults, capable of voting and paying taxes, to understand. In the meantime, numerous married couples are sadly handicapped by the lack of information, a knowledge of which would add immeasurably to their happiness and well-being.

Trusting to "Instinct" and "Nature." A great deal has been said by those who object to rational sex education about trusting to "instinct" and "nature" in matters of sex, particularly with respect to the sexual relations in marriage.

This advice is the most utterly ridiculous that has ever been given on an important subject. It would be difficult to think of anything more fallacious, or even disastrous in many cases, in its results.

Fortunately, it requires very little effort to expose the fallacy of this argument. To begin with, we are living in a civilization which has been built up in a process of thousands of years of modifying instinctive tendencies, inhibiting and sublimating them, and in many cases so neglecting others that we have lost the use of certain instincts that are still serviceable to savages, and were important possessions of our remote ancestors.

The admonition to be governed by instinct is quite on a par with the argument that birth control is not *natural,* and is therefore to be condemned. Of course, contraceptive prac-

tices are unnatural in the same sense that living in houses, using artificial light and heat, wearing clothes, eating cooked food, using eye-glasses, false teeth, talking over the telephone, and doing a thousand odd other things that are commonplace and proper in our civilization, are unnatural.

It is against the law of nature (gravity, in this instance) for water to run up hill, but we insist upon having running water in our modern homes, even if we have to have it pumped up hill to reach us, instead of going down to the backyard pump, the village well or the city equivalent (of course, in our unnatural civilization, there is none) to get water in the *natural* way!

And so, on the theory of thwarting "nature," our seventeenth century contemporaries object because we use some discretion in choosing the time to have children, in regulating their number, and in declining to bring them into the world when they cannot properly be taken care of and educated.

As Sir E. Ray Lankester (*The Kingdom of Man*) has so well said: "Man is Nature's rebel. Where Nature says 'die!', Man says 'I will live!'" Furthermore, he shows that animal populations do not increase. "'Increase and multiply' has never been said by Nature to her lower creatures, except for a time and locally, but man, 'Nature's Insurgent Son' is the *only* animal regularly and persistently increasing.[1] Man can only deal with this difficulty, created by his own departure from Nature—to which he can never return—by thoroughly investigating the laws of breeding

[1] So-called "natural checks"—starvation, drought, natural enemies, such as beasts of prey, etc., high mortality of the young, extreme climatic changes, and other factors in the natural environment of the animal world—rapidly kill off the animal surplus, and prevent any species from long over-running a given territory.

and heredity, and proceeding to apply a *control* to human multiplication based upon certain and indisputable knowledge."

If the opponents of birth control and rational sex enlightenment insist that we are not in possession of "certain and indisputable knowledge," then we reply that such confusion as prevails is largely the result of their own handiwork. And from the constructive side, we are able to point out that there is at the present time available thoroughly reliable, practical information and scientific knowledge upon the subject of birth control and human multiplication, which is only withheld from the application where it is most needed, because of archaic, repressive laws, and a lamentable state of mental confusion which prevents the change of these laws.

"No new invention," remarked John Langdon-Davies, (*The New Age of Faith*), "has ever escaped the odium theologicum: the partisans of nature's gods, those who chain Prometheus to the eternal rocks, have always cried out that we must not tamper with nature: 'There is no great invention, from fire to flying, which has not been hailed as an insult to some god. But if every physical and chemical invention is a blasphemy, every biological invention is a perversion. There is hardly one which, on first being brought to the notice of an observer from any nation which had not previously heard of its existence, would not appear to him as indecent and unnatural.' . . . Now if this particular example merely serves to make us laugh at the oddness of human nature, a far graver emotion is aroused, when we consider a similar attitude towards birth control. Here once more instead of a logical and scientific weighing of argument and fact, we are met with the eternal emotional

strife: 'You must not tamper with nature,' cries the conservative part of the human spirit; just as it did when fire was first used, when the plough first cut into nature's breast, when animals were tamed and domesticated, clothes worn, houses built. It does not matter at all what science has to say; plague, pestilence and famine, it may be, are to be our aides; and our path to the moralist's heaven paved with the gnarled and stunted bodies of women and stillborn children; because we must not summon up courage to do what primitive man was brave enough to do scores of times."

Who can truthfully and logically deny that deliberate and conscious procreation betokens a victory of human reason over the irrationality of the brute?

The fallacies of instinctive guidance and trusting to nature unassisted, have been so abundantly refuted that they need no further amplification here.

Fear of Pregnancy and Marital Disharmony. Fear of conception is an important factor in producing marital disharmony, with its resultant train of evils. There is no more nerve-racking life for a woman than the constant fear of unwanted pregnancy. The ignorant notion of leaving procreation to chance is an anachronism far removed from twentieth century marriage ideals. When the husband is out of sympathy with the wife on this vital question—or is indifferent to the matter—harmony and happiness are impossible.

Any wife worthy of the name inherently rebels against being a helpless and irresponsible breeder of children—regardless of what ideas the accident of religion may have given her on the subject. This applies to the finest mother type of woman even more than to any other, because she

is more sensitive to the hardships and sufferings that befall the unwanted children, for whom there is not sufficient means to give proper care and attention.

The type of woman content to engage continually in child-bearing is a primitive one, out of harmony with the requirements and ideals of modern civilized life. Michels reminds us that not merely an unduly rapid succession of child-births, but in addition the too early birth of the first child, may often lead to consequences of such a nature as to prevent the attainment in the life of the married couple of that minimum of happiness which is indispensable if life is not to be felt a burden.

There is nothing that is more apt to create disharmony in marriage and repugnance on the part of the wife to the physical expression of love, than fear of pregnancy. It is perfectly obvious, therefore, that the husband and wife should be in agreement on this question. And the former can show his consideration and love for his wife in no more practical way than by respecting her feelings in the matter of avoiding pregnancy unless it be desired.

It seems to be the consensus of opinion of all those who have given the subject of sex problems in marriage any serious consideration, that practically all women wish to regulate the number of their children and prevent undesired pregnancies—at least *in their own case*. The fact that they are not more often successful is due to their ignorance of reliable contraceptive methods and the lack of coöperation on the part of the husband. The well-known prevalence of abortion among all classes of American people who lack contraceptive knowledge speaks eloquently of the tragic results where this information is withheld.

Coercion for a Morbid Ideal. I know of no better analysis of the conventionalized attitude toward birth control,

and the source of its impetus, than that given by Theodore Schroeder [1] in his excellent treatise on the subject:

"In every community there are persons of privileged social and educational status, whose psycho-sexual attitudes and life have never attained real psychologic maturity. . . . Such persons all have painful moments of emotional conflict over their own sexual impulses, or over their methods of sexual self-expression . . . such persons tend to find a compensation for the painful and shameful aspects of their lives by exalting their own unfortunate defects, or the mask which conceals them, to the rank of social virtue, or of a religious 'duty' to God. To insure to themselves this much-needed exaltation, they cannot bear to have the intellectualization of their idealized perversions frankly pointed out, or bluntly repudiated. In order to neutralize their own feelings of inferiority and of shame, they must therefore denounce the more healthy-minded ones as immoral, and must seek to coerce them to live according to the morbid ideal. . . . The morbid vehemence of these few insures imitation, or at least acquiescence, on the part of many of the more healthy-minded ones, because the latter have not a sufficiently conscious attitude concerning the meaning and value of their own greater wholesomeness. . . . In the blurred and excited vision of such psycho-erotic morbidity, it was natural enough that no difference could be discovered between murder, abortion, and a physiologically and socially useful prevention of conception."

[1] Theodore Schroeder: "The Psychologic Aspect of Birth Control, considered in relation to mental hygiene." *Medico-Legal Journal,* vol. xxxix., No. 1, pp. 16–21. New York, 1922.

CHAPTER IX

THE HYGIENE OF PREGNANCY

The Phenomenon of Conception—The Beginning of Pregnancy—How to Calculate Date of Confinement—Ely's Table and Other Methods—Most Favorable Time for Conception—Changes in the Pregnant Woman—Signs and Symptoms of Pregnancy—Probable and Direct Signs—Embryology—Month-by-Month Development of the Fetus—Labor Pains and Parturition—Maternal Impressions—Their Superstitions—Prenatal Care—Rest and Exercise—Diet—Care of Teeth—Care of the Nipples—How Sex Is Determined—Superstitions About Influencing Sex of Child—Sex Determination and Twins—Sex Development in the Embryo—The Chromosome Hypothesis of Sex Determination—Sex Determined by Male Fertilizing Element.

The Phenomenon of Conception. Chapter IV, containing an outline of the generative system of woman, indicating its structure and functions, should be considered in connection with the present chapter. It will be remembered that reference was made to the ovum, or egg, which periodically—once about every twenty-eight days—leaves the ovary, passing through the Fallopian tube, and eventually finding its way into the uterus.

In unrestricted sexual union, when the semen is received into the vagina, some of the spermatozoa by their own motile activity normally enter the uterus and Fallopian tubes, and if there happens to be an ovum passing through the tubes, impregnation is likely to occur.

Upon the penetration of an ovum by a spermatozoon, and their fusion, conception takes place. This is the beginning of pregnancy. The fused cells finally settle against the velvety lining of the uterus, to which they become attached by little thread-like filaments which they project, and are

gradually enclosed in a separate sac within the uterine cavity.

Pregnancy begins with conception and ends with parturition—the birth of the child. The process provides for the nutrition of the fetus, its expulsion, and also for the nutrition of the baby for a time after birth. The average duration of pregnancy is about nine calendar, or ten lunar (moon), months, or from 275 to 280 days. It is usually calculated as 280 days from the beginning of the last menstruation.

Thus the approximate date at which to expect the child can be calculated by counting nine months from the date of beginning of the last menstruation, and adding six days. For instance, if the last menstruation began on March 20th, the child may be expected on December 26th. It will be observed that a Christmas present can be anticipated as early as March!

Ely's table for calculating the duration of pregnancy—as shown on page 165—has been found useful for determining the date when confinement may be expected. There may be a variation of a few days, one way or the other, on account of the uncertainty of the time of fertilization of the ovum, but the table will prove serviceable for general, ready use.

Most Favorable Time for Conception. While conception during any period of the month is known to be possible, it is generally agreed among authorities that the first days after menstruation are the most favorable for conception.

Data covering a fairly wide scope show that as the date of the next menstruation period is approached, there is a progressive decline in the frequency of conception. Just before the flow it is less likely to occur than at any other time.

Dr. Hensen, a reliable European authority, draws the following conclusions from the record of 248 cases in which the date of the fruitful intercourse was exactly known:

1. The greatest number of conceptions follow coitus effected during the first few days after the cessation of the menstrual flow.

2. When coitus is effected during menstruation, the probability of conception increases day by day as the end of the flow is approached.

3. The number of conceptions following coitus effected shortly before menstruation is minimal.

4. However, there is no single day, either of the menstrual period or of the inter-menstrual interval, on which the possibility of the occurrence of conception can be excluded.

In human beings it is extremely difficult to tell the exact date of conception, if intercourse has been indulged in with more or less frequency. Even when the date of coitus has been noted, if a specific act can be attributed to conception, there is no telling when fertilization takes place. The spermatozoon may not meet the ovum for several days, during which interval the male fertilizing element remains alive in the woman's sexual organs. The longest survival of human spermatozoa so far known is three and a half weeks.[1]

Changes in the Pregnant woman. The onset of pregnancy represents the beginning of a cycle of profound changes in woman, with a wide range of emotional and psychic reactions.

Statz, a competent observer as regards the subject of feminine beauty, affirms that a beautiful woman is most beautiful when the period of maximum beauty coincides

[1] Lee Alexander Stone, M.D., *Sex Searchlights and Sane Sex Ethics*, p. 231. Chicago, 1923.

TABLE FOR CALCULATING THE DATE OF CONFINEMENT

Jan.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Oct.	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	Nov.
Feb.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28				
Nov.	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5				Dec.
Mar.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Dec.	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	Jan.
Apr.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		
Jan.	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4		Feb.
May	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Feb.	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	1	2	3	4	5	6	7	Mar.
June	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		
Mar.	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6		Apr.
July	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Apr.	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	May
Aug.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
May	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	June
Sep.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		
June	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7		July
Oct.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
July	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	Aug.
Nov.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		
Aug.	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6		Sep.
Dec.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Sep.	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	Oct.

NOTE:—Find in top line the date on which last menstruation commenced. The figure under it will indicate when confinement may be expected. If menstruation began February 10th, confinement may be expected November 17th, or one day earlier if leap year.

in her case with the first month of her first pregnancy.

With the commencement of pregnancy, the processes of nutrition are accelerated, all the tissues are tensely filled, the skin is more delicately and at the same time more brightly tinted on account of the greater activity of the circulation, the breasts become firmer and more elastic. Thus the attractive characteristics of beauty at its fullest maturity become enhanced. This bloom lasts for a short time only, however, since the enlargement of the abdomen in the further course of pregnancy impairs the harmony of the figure, and the increasing demands of the embryo upon the woman's own system detract from her normal appearance.

While pregnancy is, of course, a natural physiological process, and in most cases is concluded without untoward result, it nevertheless makes a deep impression on the woman's entire nervous organization. This is especially noticeable in the case of first pregnancy. It is perfectly obvious why this should be so, as the woman is filled with expectation and anxiety concerning an unknown event.

There is a virtual revolution going on within her organism, producing powerful impressions on her mental processes, and setting up currents of widely ramified physical reactions. Joyful hopes are cherished, distressing fears are felt, while automatically within her own being there is transpiring the physical aspect of creation.

Signs and Symptoms of Pregnancy. There are certain changes in the body, indicative of pregnancy. They are of two kinds—*probable* (or symptomatic), and *direct* (or bodily).

The *probable* signs are three, consisting of cessation of the menstrual flow, nausea and vomiting, and changes in the breasts. There are also irritable bladder symptoms, and mental and emotional reactions.

The cessation of menstruation is usually the first change to manifest itself. In practically all cases it is sudden and abrupt. There is no gradual decrease in quantity, nor any change in the frequency. This sign to be of any significance, of course, must occur in women whose monthly flow previously has been regular.

Nausea and vomiting, which take place in about two-thirds of all cases of pregnant women, usually begin about the fourth week, but may occur earlier, and generally cease about the fourth month. As it is most common after rising, it is usually known as "morning sickness." It is a sympathetic disorder reflected from the uterus, and ordinarily does not impair the health. It is most marked in first pregnancies in women of emotional nature. The best way to obtain relief is to stay in bed longer in the mornings, and have breakfast in bed, getting up about half an hour later.

The changes in the breast are as follows: They grow larger and, by the second month, there is a feeling described as "knotty," and later the veins under the skin become somewhat enlarged. The tinted area of skin about the nipples becomes much darker, particularly in brunettes; in blondes this feature is not so noticeable. A thin fluid mucus (not milk) can be squeezed from the nipple, sometimes as early as the third month.

The *direct* signs are four in number, consisting of enlargement of the womb, changed color of the birth canal lining, movements of the child, and heart sounds of the child. The enlargement of the womb and the growth of its contents, are more reliable indications of pregnancy than the *probable* signs mentioned above.

The enlargement of the womb is indicated by abdominal changes. During the first two months there is a flattening

of the abdominal surface, due to the descent of the womb in the pelvic cavity, thus slightly dragging the bladder downward, and drawing the umbilicus (naval) inward. Toward the end of the fourth month, there is a slight enlargement of the abdomen, and the umbilicus is no longer sunken. From this time on, the womb begins to rise in the abdominal cavity, and the umbilicus tends to protrude. During the last two weeks of pregnancy the womb again descends, affording more comfort to the prospective mother.

The changed color of the birth canal is caused by pressure on the veins from the enlarging womb. The blood is dammed up and in the early months of pregnancy the neck of the womb, the birth canal (vagina) and the vulva (external parts) take on a violet color.

The movements of the child ordinarily begin about the fifth month. This is known as "quickening," and the mother is said to "feel life." It may cause certain disagreeable feelings, particularly with the first child. Later on these movements may be seen as well as felt.

The heart sounds of the child are heard about the same time as "quickening" is felt. This is unquestionably the most conclusive evidence of pregnancy. The heart beats are much faster (averaging 132 per minute) than in ordinary adult life, when they are 72 per minute.

EMBRYOLOGY

The growth of the embryo within the uterus is called embryology. It is a marvelous process of development, based on cell division. From the initial two cells which started conception, the constant geometrical progression of cell division results within twenty-four hours in thousands of cells. And each day there is an acceleration of the pro-

cess, greater increase in growth, and what is more remarkable, the cells by some biological plan of "cell-memory" arrange themselves properly into layers and groups and in an orderly way build up the different tissues and organs of the body.

During the first month, the embryo has grown to about one inch in length—which is a great relative growth from the impregnated ovum, about as large as a pin-point, or 1/125 of an inch in diameter. At this time the little potential being may be recognized as the embryo of some mammal, but it cannot be distinguished of itself and apart from its surroundings from the embryo of some other higher animal.

By the end of another month, the embryo has increased several times in size and weight, and may be recognized as a human-in-the-making—although it is possessed of a tail. This appendage is lost by absorption within the next few weeks. During the embryonic and fetal growth, there are other reminiscences of animal life, indicating the biological relationship of man to the animal world. According to the Law of Recapitulation, or Biogenetic Law, the human being from conception to birth passes through, in an abbreviated form, about the same stages of evolution that the race had in its rise from the lowest forms of life.

By the end of the third month, the embryo has continued its development so that it is about two and three-quarters inches long and weighs something over an ounce. The limbs have taken definite shape, and even the nails are almost completely formed. The fetus is not directly attached to the lining of the womb. It is attached by means of the umbilical cord to the *placenta*, or afterbirth, which is gradually formed. The placenta is composed of fatty tissue surrounding a mass of little blood vessels. The blood

vessels are not directly connected with the blood vessels of the mother, but they are so close together that the blood passes through the walls from one to the other. Three vessels—two veins and an artery—combine to form the cord, one end being attached to the fetus at the umbilicus, and the other end branches out into the placenta. This cord is the means by which the fetus receives its nourishment from the blood of the mother, and also oxygen for the maintenance of life.

There is no direct nervous connection between mother and child, as the umbilical cord does not contain any nerves. The nervous systems of the fetus and of the mother are therefore entirely separate. This is undoubtedly very fortunate, as it prevents shocks and nervous reactions on the mother from *readily* affecting the child. Probably the principal means of causing disturbances to the child is through the chemical action on the blood, when the mother becomes upset or agitated.

During the fourth month the sexual distinctions of the external organs become marked. By the end of the month the fetus (as the embryonic being is now called) is about six or seven inches long and weighs five ounces.

At the end of the fifth month, the fetus is about eight inches long and the weight is from eight to ten ounces.

The weight at the end of the sixth month has increased to two pounds and the length to twelve inches. The eye-lashes and eye-brows have made their appearance.

At the end of the seventh month, the length has increased to about sixteen or seventeen inches, and the weight to four or five pounds. At this time a fine hair, called *lanugo*, which had covered the body, has begun to disappear and the skin becomes brighter.

By the end of the ninth month, when the fetus is fully developed and ready to take its place in the world as a human entity, its average weight is six or seven pounds, but there are considerable variations either way. Before birth the fetus is enclosed in a sac of watery fluid, called the amniotic fluid. At this time the child normally assumes a position head-downward, with its arms folded upon its breast and its legs flexed. This is the normal position for birth, but occasionally from various causes the child takes other positions which sometimes make it difficult to deliver the baby without injuring it or the mother.

Labor Pains and Parturition. Parturition, as the act of giving birth is called, is forecast by labor pains, which begin usually from twelve to twenty-four hours before the baby is born. They are caused by the contraction of the muscles of the womb in an effort to expel the fetus. In pushing the fetus down toward the mouth of the womb the contracting muscles force ahead of it a portion of the membrane enclosing some of the amniotic fluid, or "bag of waters."

This bag of waters is helpful in dilating the various parts of the organs—the mouth of the womb, vagina and vulva—for the egress of the baby. When the bag breaks in the process of birth, the water lubricates the parts and makes the passage easier.

If the bag breaks at the beginning of labor, there occurs what is known as "dry labor," which is usually slower than the normal process.

When the vulva, or external parts, do not dilate sufficiently to permit the passage of the child, the pressure of the head against the perineum (the space between the vulva and rectum) tears this tissue. Whenever this occurs, the

tear should be sewed up immediately after parturition, otherwise it will be a constant source of weakness, irritation and perhaps infection.

Before birth, the circulation of the blood of the baby passed through the umbilical cord to and from the placenta. The particular nature of the intra-uterine circulation required an opening between the right and left sides of the heart. This, however, closes during the early days of the infant's life. It helps closure if the child is kept on its right side for a few days. In unusual cases this closure does not take place, and the result is a "blue baby," which ordinarily does not live long.

The baby's lungs are completely formed at birth, but have never been used. With its first cry, the air rushes into and expands the lungs. If the child does not cry vigorously, it may be spanked energetically but without too much force, or held up by its heels and slapped on the back a few times.

MATERNAL IMPRESSIONS

There is a great deal of superstition about so-called maternal impressions. Large bluish or reddish blotches, popularly termed "birth marks," are by the uninformed attributed to "impressions" or "longings" of the mother, or to a fright sustained while carrying the child. No matter what the alleged cause is said to be in a specific instance, some imaginative neighbor or dear old grandmother will point out the resemblance of the mark, either in shape or color, to the alleged motivating influence. These marks are due to the unusual width of the blood vessels under the skin.

The best informed authorities on maternity and obstetrical

matters are unable to find a single well-authenticated case of "marking" or deformity due to maternal impression. Untold numbers of pregnant women have been frightened and shocked by all sorts of disagreeable sights, and have borne perfectly normal children. On the other hand, there are many marked and deformed children born to which no maternal impressions can be attributed as a cause. Even the best evidence so far produced seems to be mere coincidence, and the evidence is such that it would receive no credence in a court of law.

It is true that ill health, extreme mental anxiety, severe shock, injury or other mishap *may* have a detrimental effect on the unborn baby, but not in the manner of the common superstition. The ill effect on the fetus would be more apt, if severe, to result in a miscarriage, or still-birth, or if born alive, some weakness or poor general health, due to the condition of the blood, through its chemical disturbance, poor nutrition, or interference with the metabolic processes.

The actual facts relating to this subject should afford relief to many a prospective mother who might otherwise worry over the groundless notions of superstitious grannies of all ages and both sexes.

PRENATAL CARE

There are necessarily certain hygienic precautions that should be taken during pregnancy for the benefit both of the mother and the child.

As proper development of the fetus depends upon having sufficient room in which to grow, it is highly desirable in dressing to avoid tight belts and bands which constrict the abdomen. Corsets, if worn, should be of a type especially

adapted to the requirements of pregnancy. In every respect the dress should be adjusted so that the abdominal cavity is free from pressure and constriction and has room to expand. If it is customary to wear garters, they should be replaced by hose supporters for the improvement of the circulation as a whole.

Rest and Exercise. A moderate amount of open air exercise is important. As the fetus also requires oxygen, which must be supplied through the mother, the necessity for an abundance of fresh air is obvious.

Extra sleep, rest and relaxation are in order, but not to the extent of leading an inactive existence during the months of pregnancy. A judicious activity in the daily tasks of the household is desirable, because it keeps up interest in the normal affairs of life, is beneficial mentally, and helps the muscles and circulation.

Diet. As the pregnant woman is destined, for a period of nine months, to supply nourishment for an embryonic being, as well as for herself, the question of diet is to her one of double importance. The well-being of the unborn baby is equally involved with that of herself.

At this time, while a sufficient quantity of food is necessary, the quality and right selection are really of more importance. The appetite ordinarily governs the matter of quantity (barring poverty or other hardship), but the right selection requires a knowledge of dietetic facts which is often lamentably lacking where there is ample means to obtain the best.

The diet should contain plenty of green vegetables, such as spinach, lettuce, celery, beet greens, chard, etc., for the mineral elements and vitamines which they contain, and milk and eggs.

The Teeth. When we take into consideration that the

baby's first, or deciduous, teeth begin to form about the third month, we better realize how necessary it is that the mother receive the proper nutritional elements to take care of the new dental construction, as well as the building of the whole little, but complicated, body.

The materials needed for the developing fetus can come from only two sources:—from the food which the mother eats, or from her own bodily tissues. If she does not eat the proper kind and amount of food, and assimilate it, then Nature draws upon the substance of her own body to nourish the baby. The fetus requires mineral salts and vitamines to grow good, sound teeth and strong bones, and if these elements are not contained in sufficient quantity in the mother's food, they are taken from her own teeth and bones. During the last four months of pregnancy, the mother requires about one-fifth more food than normally.

To be specific, the menu of the expectant mother should include the following: Vegetables—two or more a day, including a leafy vegetable. Fruit—preferably fresh, twice or more times a day. Meat, fish or poultry—not more than once a day. Graham or whole-wheat bread, and a coarse cereal. Milk or butter-milk—a quart daily, either as a drink or used in cooked food. Eggs (not fried), occasionally, instead of meat. Not more than one cup of coffee daily. Tea also in moderation. Water, drunk liberally between meals—a great deal of water is required in the biological process of baby-building. No fried foods, rich pastries, highly seasoned foods or strong stimulants. A glass of milk may be taken between meals in mid-morning and mid-afternoon, and before going to bed. Some coarse cereal also may be taken before retiring if the appetite calls for it.

The selection of foods should be varied from day to day

to avoid monotony, and to assure a supply of all the substances needed for both mother and the developing baby.

Special care of the prospective mother's teeth is important during pregnancy, as dental decay and abscessed teeth are common occurrences at this time. Because of the demands upon the pregnant woman's physical resources and vitality, a latent infection or other predisposition to dental trouble only too often results in quick decay, toothaches, abscesses and a general undermining of the health of the teeth.

It would be well for the expectant mother at the very beginning of pregnancy, to have her teeth carefully examined and any infected teeth extracted or given such attention as may be desirable. As calcium, phosphorus, iron and other mineral elements are being utilized in building up bone and tissue, including the primary dentation of the fetus, if the mother's diet does not contain these elements in sufficient quantity, her system is deprived of them to supply the demands of the fetus, and her teeth in particular suffer as a result.

Care of the Nipples. If the nipples are sore and tender, it may be desirable to wash them daily with alcohol and water, which hardens them and relieves irritation. After washing them in this mixture, they should be dried and a little vaseline applied. When the nipples are very low or shrunken, it may be well to manipulate them with the fingers three or four times a day, beginning early in pregnancy. By encouraging their development in this way, the baby will have less trouble in nursing properly.

HOW SEX IS DETERMINED

Superstitions About Influencing Sex of Child. People

have proven very credulous in believing all sorts of fantastic notions about influencing the sex of unborn children, or in accounting for the determining factor of sex in the embryo. For instance, there is the "old wives' tale" that the ova from the right ovary develop into male children, and the ova from the left ovary develop into female children.

Then there is the time-honored (*sic*) theory of *Lateral Decubitus—i. e.,* the use of position to right or left as an assistance to sex determination. As one woman writer has expressed it in a pretentious book published shortly before these lines were written, "Whenever I am asked to provide a formula for the benefit of those seeking advice on the subject of predetermination, I have always expressed the opinion that a slight inclination to the right, during and after intercourse, is helpful to the expectation of boys, and *vice versa* for girls."

It is impossible to summarize the number of theories and hypotheses that have been advanced to explain the phenomena of sex determination. Almost every possible internal and external factor that could conceivably influence sex has had its advocate and day in court. The factors of food supply, peace and war, temperature, climate, altitude, respective ages of parents, education, etc., have had their adherents and imposing statistics have been presented to prove that each of these things influences the sex ratio.

Absolutely unfounded theories have found wide acceptance and circulation, and some of these superstitions retain an amazing vitality. It is not difficult to understand why. The child in any given case can only be of one of the two sexes, so the "predetermination" is apt to average a correct *guess* in approximately fifty per cent of the attempts, and people usually only stress the fact when they hit, and forget it when they miss. Thus, we often hear of those who suc-

cessfully predicted or predetermined the sex of a child upon some grounds or another—the methods, of course, contradicting others equally positive. Then, again, coincidences are bound to occur in many ways.

Sex Determination and Twins. The embryological study of twins has also helped in arriving at the factors that enter into the cause of sex determination. There are two kinds of twins: (1) Ordinary, fraternal twins that look no more alike than other brothers and sisters normally do. These twins may consist of two boys, or two girls, or a boy and a girl. They are the result of the fertilization of two ova by two spermatozoa—two distinct conceptions—as is proven by the separate sets of membranes enclosing the embryos, and two placentas.

(2) Identical twins, on the other hand, are always of the same sex—either both boys or both girls—and are enclosed in one set of membranes, with one placenta. This indicates that a single spermatozoon has fertilized one ovum, which has divided and developed separately. Statistical studies of twin births show that about a quarter of all twins are of this type (single-egg twins).

The importance of this knowledge concerning two kinds of twins is that it proves conclusively that sex is already established at conception, and is not the result of developmental processes within the uterus, or subject to environmental conditions, such as nourishment, temperature, mental or physical influences, etc.

It is significant that, in the past, before the actual determiner of sex was known, practically all theorists accounted for the sex of the child upon some action or physiological process of the woman. Now it is known, however, as a result of patient scientific demonstration that it is the

presence or absence of a certain element in the male germ-cell which determines the sex of the offspring. As far as is known, the female germ cell is neutral and does not contribute to the actual influencing of sex, one way or the other; nor can the mother influence sex after conception has taken place.

It is an interesting fact that, notwithstanding some variation in the sex ratio in different parts of the world at different times, there is quite invariably, among all races of people, in every country and at all times as far as definite statistics are known, a slight excess of boy-babies over girl-babies. The birth ratio generally ranges from 103 to 107 males to every 100 females, although it may infrequently go somewhat under or over this range.

A plausible theoretical explanation of this slight excess of male babies over female babies has been offered in attributing a greater activity, and therefore increased facility for reaching its goal—the ovule—to the sperm cell containing the male-producing element. This hypothesis is in keeping with the biological principle that the male element throughout nature shows greater activity and restlessness than the female.

The discrepancy between prematurely-born (and still-born) boys and girls is even more pronounced, the excess of the former over the latter being as high as fifty per cent.

Sex Development in the Embryo. The progress and development of the embryo in its early stages has a specific bearing on the subject of sex determination. The early embryo is, *to all appearances,* sexually undetermined, and while it seems from our present knowledge inherently to possess the qualities which will shortly fix its sexual char-

acter, they are at first latent. In this period it is impossible to say whether the newly evolving being is destined to be male or female.

This fact, in the past, has been largely responsible for the notion that the sex is not determined until the embryo shows the characteristic physical evidence of its sex.

The mere inability to recognize the sex of the embryo, of course, does not imply that the actual sexual type of the future individual has not been definitely and irrevocably cast.

About the fifth week after conception processes are under way which, by the end of the fifth month of pregnancy, will have transformed the rudimentary genitals—at first alike in both sexes—into the specific sex which ultimately will characterize the whole organism.

The Chromosome Hypothesis of Sex Determination. According to the chromosome hypothesis,[1] in man and all other mammals so far studied, and also in many lower forms of life, sex is determined by the male fertilizing element.

[1] Normally, the nucleus of any cell is enclosed in a membrane, and is composed of a network of more solid substance mingling with a fluid. Evenly scattered upon this network are minute granules of a substance collectively called *chromatin,* the individual units of which are known as *chromosomes.* This substance is characteristic of the nucleus, and is distinguished from the cell-protoplasm. When the nucleus is ready to divide, the chromatin gradually forms into masses, probably by action of contraction or concentration of the network of threads. In the development of the germ cells—the spermatozoa and ova—the cell division is known as "maturation-division."

The chromosomes are constant in number and relative sizes in all the cells of the individual, and usually in all the individuals of any species. As there is a widely varying number in different species, the chromosome number, therefore, assumes a definite specific character. As Professor Thomas H. Morgan states in his book, *Physical Basis of Heredity,* "One of the most secure generalizations of modern work on the cell is that every cell of the individual contains a *constant number* of self-perpetuating bodies (called *chromosomes*) half of which are traceable to the father and half to the mother of the individual."

Thus, there are two kinds of spermatozoa—one capable of producing male offspring, and the other capable of producing female offspring. The ova in all cases are neutral, and cannot influence the sex of the progeny.

It may be explained that there are two kinds of cells—*somatic* cells and *germ* cells. The latter are found only in the ovaries and the testes; they compose the ova and spermatozoa. The *somatic* cells are those which constitute all the bodily tissue—bones, muscles, nerves, skin, etc. They have their limited cycle of life and die; while the germ cells are the bearers of immortality—relatively, at least—being connected with all past generations since life began, and normally having the potentiality of living on into the unforeseen future through the coming generations as long as human life shall exist upon earth.

While the phenomenon of an unpaired chromosome in half of the sperm cells of certain animals and insects had been observed before, it was not until 1902 that Dr. C. E. McClung, of the University of Pennsylvania, first presented direct proof that the presence or absence of this unpaired chromosome was the real sex determiner. Since that time many other experimenters have abundantly confirmed Dr. McClung's findings. E. B. Wilson and Miss Stevens, in particular, have accomplished much notable work in this field.

The "odd" or "accessory" chromosome, which occurs in half of the male germ cells, is now recognized as the determiner of femaleness, and is called the X-chromosome. The absence of the accessory or X-chromosome in the spermatozoon, when it fertilizes an egg, is a determiner of maleness.

As the female has an X-chromosome in every one of her matured germ cells, they do not therefore influence sex one

way or the other. The egg or ovum is a passive factor, as all eggs (except in certain species of birds and insects) are alike.

The situation works out this way: When a spermatozoon bearing an X-chromosome fertilizes an ovum, a female offspring is produced which has two X-chromosomes in each of her body cells.

When a spermatozoon *without* an X-chromosome fertilizes an ovum, the resultant individual is a male, with a single X-chromosome of *maternal* origin in each of his body cells.

It will be seen, therefore, that the female, before the maturation-divisions, always has two X-chromosomes in her cells, whereas the male has only one.

Thus, after maturation all eggs (the female element) contain an X-chromosome, while *only half the spermatozoa have it,* and half of them do not. To reiterate, when fertilization is effected by a sperm containing the X-chromosome, the offspring is always a female; whereas, when the X-chromosome is absent from the sperm, a male is produced.

In some species of the lower orders, it has been found that while the female has two large X-chromosomes, the male has a large and a small accessory chromosome, instead of merely one unpaired chromosome.

Winiwarter has found 47 chromosomes in the sperm of men, one of which is the accessory or X-chromosome. At maturation, these unite into 23 pairs, leaving the X-chromosome unpaired. When the division occurs, the X-chromosome goes into one of the daughter cells, which accordingly contains 23+ X-chromosomes, whereas the other daughter cell resulting from the division contains 23 chromosomes. The former is the determiner for the female offspring, and the latter for the male offspring.

In the female, according to Winiwarter, there are 48 chromosomes, which include two X-chromosomes, one representing the heritage of each parent. After the maturation division, each egg contains 24 chromosomes (23 regular and one accessory). If an egg is fertilized by a spermatozoon with 24 chromosomes, the resultant 48 chromosomes produce a female; if fertilized by a spermatozoon containing 23 chromosomes, the combined 47 chromosomes produce a male.

The following table may prove helpful to illustrate this process more clearly:

Chromosomes of Father	Chromosomes of Mother	Chromosomes of Offspring
23+	(23+X)=	(46+ X)=47 (Boy)
(23+X)+	(23+X)=	(46+2X)=48 (Girl)

Dr. Richard Goldschmidt[1] states: "We may affirm, therefore, that in man, also, the mechanism of the inheritance of sex is understood."

[1] *The Mechanism and Physiology of Sex Determination,* New York, 1923.

CHAPTER X

THE MENOPAUSE—BEGINNING A NEW EPOCH OF LIFE

The End of the Reproductive Period—Not the End of the Sexual Life—Age at which Menopause Occurs—Various Manifestations of Approach—Premature Menopause, and its Treatment—Retarded Menopause—Characteristic Symptoms of Climacteric—Sudden Cessation of Menstruation—Other Common Symptoms—Menstrual Irregularity—Obesity—Cardiac or Heart Troubles—Digestive Disturbances—Disorders of the Skin—Pruritus—Cancer and Other Growths—Nervous and Mental Disorders—Climacteric Psychosis—Remarks on "The Dangerous Age"—Casting Out Fear—A Constructive Period Ahead—Woman's Greater Vitality and Longevity—Hygiene of the Menopause—Bathing—Exercise—Diet—Other Precautions for Health—Sexual Life After the Climacteric—Increased Sexual Desire in Post-Menopause Period.

The End of the Reproductive Period. The menopause, or "change of life," also called the climacteric, represents the end of the reproductive life of woman. It does not imply, however, that this is the end of a woman's sexual life—that is, the loss of sexual feeling and the capacity for sexual gratification. This subject will be alluded to again in the present chapter.

The change is usually not a sudden one, the symptoms making their appearance gradually, and the decline of the reproductive processes taking place slowly but continuously. The resultant disturbances, of course, involve the whole body, affecting temporarily the functions of many of the organs, and causing other distressing reactions.

The thoroughness of the change is analogous to that of puberty, when the whole being—body and mind—under-

goes a fundamental change, preparing the individual for another stage of life—adulthood.

It is believed that the epochal series of events concerned with the menopause is started in the first place by changes that occur in the ovaries. The tissue changes that take place in these organs produce a powerful ovarian stimulus. The normal internal secretion of the ovaries, characteristic of the female from the time of puberty, which is responsible for the typical physiological attributes of the sex, is no longer contributed to the blood stream.

The specific manifestations of the menopause are, first, as the names implies, the permanent termination of the menstrual flow; the occurrence of a number of nervous disturbances, disorders of circulation, tension of the blood vessels, and disturbances of the metabolism.

These manifestations are so striking that they have, from very remote times, led to the belief that the climacteric period involved more or less danger to woman's life.

Available statistics, however, do not seem to lend much strength to this assumption. While it is a more or less trying period, and there are far-reaching changes in the woman's organism, they are certainly no more dangerous in themselves than those involved in the high-tide of woman's sexual life, due to pregnancy, parturition, and the after-effects of childbirth, etc.

In this connection, Kisch states: "It is often asserted that in this 'critical period' of the menopause, the mortality of the female sex is notably increased. The data available are somewhat conflicting, but a careful examination leads us to believe that, if due allowance is made for the natural increase in the mortality with advancing years, no important increase in the mortality of woman can be traced as due to the troubles and disturbances of the climacteric period."

This authoritative observation should do much to reassure women approaching or undergoing the trials of the climacteric age.

Age at Which Menopause Occurs. Like the onset of puberty and other factors that enter into the sexual life of woman, there is a wide range of variation in the appearance of the menopause. The usual time, in the temperate zone, is between the ages of 45 and 50, although it may occur before or (less frequently) after these ages. The normal limits have been mentioned as from 44 to 52; anything before or subsequent to those ages being considered exceptional.

The principal factors that seem to influence the time of the menopause are as follows:

1. The climate.
2. The race of the woman.
3. The age at which puberty occurred.
4. The sexual activity of the woman's life, including the number of pregnancies, and the use or non-use of the function of lactation.
5. The social and economic conditions of the woman's life.
6. General constitutional and pathological conditions, particularly from the standpoint of heredity.

In women who enjoy good health, whose menstrual flow has always been regular and sufficient in quantity, whose sexual functions and reproductive powers have been adequately exercised, who have given birth to several children, and have suckled these children, the menopause generally takes place considerably later than in women whose sexual life has been comparatively inactive, or in whom the opposite conditions have prevailed to those just mentioned.

The more regular menstruation has been, the more normal the deliveries, the later the climacteric may be expected.

Women who have given birth to a number of children, as a rule menstruate for several years later than sterile women, and somewhat later than those who have had only one or two children. The menopause also appears to be postponed, other things being equal, when a woman has nursed her children.

If there has been an excessive number of pregnancies, the menopause is likely to appear early. The same result occurs when sexual indulgence has taken place at a premature age.

Constitutional factors also are important in influencing the time of the menopause. Women who have inherited a weak or delicate constitution, in whom the menstrual flow has always been pale or scanty, and the intermenstrual intervals unduly long, experience the climacteric earlier than strong, healthy women.

Generally speaking, women with a tendency to obesity cease to menstruate earlier than women of more normal build; blondes earlier than brunettes; women of phlegmatic temperament earlier than women of a sanguine and ardent temperament.

All those influences which have a weakening effect upon the feminine organism tend to hasten the advent of the menopause. Besides those mentioned in the preceding paragraphs, factors such as severe labor, great sorrow, onerous occupations, abortions, local diseases of the reproductive organs, as well as distinctly pathological states, impel toward the same end.

Various Manifestations of Approach. The observations of gynecologists indicate that the duration of the climacteric manifestations varies largely between six months

and three years. The mean duration, from the commencement of the symptoms until the cessation of menstruation, is about two years.

Tilt, a recognized English authority, has obtained some significant data about the various manifestations of approach of the menopause. Among a large number of women, sufficient to make a test of real value, he found the following symptoms, given in the order of their numerical incidence, signifying the onset of the climacteric:

1. Gradual diminution of the amount of flow.
2. Irregular recurrence of menstruation, at intervals exceeding 21 days.
3. Sudden interruption of the flow.
4. Terminal attack of metrorrhagia (uterine hemorrhage between menstrual periods).
5. Series of attacks of metrorrhagia.
6. Sudden interruption and a terminal attack of metrorrhagia.
7. Alternations of very profuse and very scanty menstruation.
8. Irregular recurrence of menstruation, at intervals of less than 21 days.
9. Irregular recurrence of menstruation, the intervals being sometimes longer and sometimes shorter than 21 days.

Many authorities believe that too early marriage, and sexual excesses are factors in a premature climacteric.

The difficulties and disorders attending premature menopause are commonly more severe and more lasting than those that take place at the normal menopause. This is especially so if the premature menopause comes on quite suddenly, which, however, is comparatively rare. The premature menopause usually approaches gradually. The flow

becomes more scanty month by month, until finally it ceases altogether.

The premature climacteric may sometimes be overcome by expert gynecological treatment. Kisch[1] refers to several cases in which the climacteric occurred at 35, 38, 39 and 42 years, respectively, when as a result of hydropathic treatment, regular menstruation recurred. In one case, a woman, who had ceased to menstruate ten years before, gave birth to a child at the age of 45.

Retarded menopause presents some very interesting aspects, especially when late pregnancies have followed, many examples of which are on record. It sometimes happens that after the apparent termination of the menstrual periods, the flow recommences at an unusually late age.

Capwron quotes the case of a woman who became pregnant at the age of 65 years, with the recurrence of the menopause, which had ceased many years previously at the normal age. This woman aborted at three months, and the fetus was well formed.

Renaudin relates the case of a woman 60 years of age who gave birth to a child. Menstruation had ceased 12 years earlier.

A most remarkable instance is that reported by Meissner, of a woman who first began to menstruate at the age of 20. She had her first child when 47 years old, and gave birth to the last of her eight children in her sixtieth year.

TYPICAL SYMPTOMS

There are definite, as well as quite intangible physical and psychological, factors associated with the menopause. As has been intimated, the various strange effects that usually

[1] *The Sexual Life of Woman*, New York.

accompany the climacteric are the result of physiological readjustment, adaptation, or re-orientation, just as puberty was. It represents the ending of an organic epoch that has run its course, and the beginning of a new one. The automatic machinery of the body is being adjusted to meet new conditions. The functions of the reproductive organization are being discontinued, and some of the energies formerly used for that purpose will be available, if properly directed, for new channels of creative effort.

The changes may take place over a period of several years, beginning really before the irregularities of menstruation occur, and lasting for some time after menstruation ceases altogether. Thus, the organism is gradually being prepared for the functional suspension of the generative system, and the final adjustments are made after the cessation of its regular activities that had been carrying on during the child-bearing period. The normal symptoms of the climacteric are all bound up in this rather intricate process.

The change causes disturbances to the circulation, which is so intimately concerned with the woman's reproductive organs, as evidenced in the monthly periods. As a consequence of these disturbances of circulation, there is a tendency to congestion in different parts of the body. The head and brain may get more than the ordinary supply of blood, causing flushing of the face, confusion of ideas, mental restlessness and other symptoms of similar character.

It is for this reason that the woman often finds herself thinking and acting unlike her normal self, perhaps not enough to be noticeable to others, but quite apparent to herself. This state of mind is conducive to vexation, dissatisfaction, unrest, and unpleasant dreams. The uninformed woman is sorely at a loss to account for her unusual feelings, except as she may explain them by the broad generalization

—*change of life,* which, after all, explains little unless one understands what is behind it all.

Other associated symptoms resulting from the circulatory disturbances are flushes of heat, possibly followed by chilliness, sometimes dizziness, perhaps an unsettled stomach with a tendency to nausea, and profuse perspiration. The strong healthy woman, however, will ordinarily experience little discomfort from these symptoms. Her fund of reserve strength and vitality—with which nature seems to endow women in generous degree—will serve her in good stead at this time in striking a metabolic balance.

Woman is the conserver of energy, which she requires in her biological rôle of motherhood (actual or potential), and this same function of conserving energy enables her to resist disease and sustain shock better and to live longer than man. It is also an asset at the change of life. The thoughtful woman will therefore give due attention to the question of health and the conservation of her strength during the years preceding the menopause, so that she will be well prepared when this phenomenon of nature appears.

There is also a tendency to take on flesh, which may be moderate, merely rounding out the figure, or it may become pronounced.

General nervousness may assert itself, often temporarily localizing itself upon some particular organ or part of the body. Heart symptoms are not uncommon, causing the woman much distress and worry about their cause. However, this is the manifestation of a nervous heart, which quiets down when the adjustment throughout the body has been completed.

Nervous reactions in the form of tingling, twitching or itching sensations may appear. Another by no means rare manifestation of this kind is numbness of the extremities.

Other specific symptoms that may appear—but are not pronounced in perfectly healthy women—are vomiting, jaundice, dyspepsia, constipation, hemorrhoids, neuralgia, rheumatism, bronchitis, asthma, etc.

There is a tendency to leucorrhea, or a whitish discharge, even if it had not been present before. It may accompany the monthly flow, or precede or follow it. This, of course is a catarrhal affection, and when occurring at this time is due to the disturbed condition of the generative organs. The ordinary hygienic precautions should be sufficient to combat it, as the leucorrhea tends to disappear with the establishment of the normal post-climacteric state.

The sudden cessation of the menses, or their irregularity, may cause alarm by suggesting pregnancy. Other symptoms, further associated with early pregnancy, may occur, such as morning sickness, pelvic pressure, a sense of fulness and caprices of appetite. When the woman realizes that this stimulation is a not uncommon occurrence, she will recognize the situation for what it is, unless there are other reasons why it may be a late, genuine pregnancy.

The common course of the menstrual function at this time is as follows: The length of the intermenstrual intervals tends to increase to as much as six or eight weeks. The flow itself usually becomes scantier. In other cases, however, the flow becomes more abundant, and the intermenstrual intervals shorter than normally. In still other instances, all regularity of flow is lost; it appears now early, now late, and is now scanty, now profuse. The intervals have been known to extend for several months, as many as six, eight or more. On the other hand, when the opposite condition prevails, the flow may occur every two or three weeks. In very exceptional cases, a scanty flow persists right through what should be the intervals, so that the

menstruation becomes continuous, with periodic increases in the flow.

It is not an uncommon thing, after a sudden cessation of the flow, for the menses to recur after a lapse of many months, and continue at more or less regular intervals for a long time, until the final cessation of menstrual activity.

The most favorable mode of cessation for a woman's health and well-being is for the duration of the intermenstrual interval to increase gradually, and concurrently for the amount of the flow progressively to decrease, until it ceases entirely. This reduces the general constitutional disturbances to a minimum.

The sudden cessation of menstruation, on the other hand, tends to produce profound disturbances of the feminine organism, resulting in comparatively violent changes.

Accompanying and following the cessation of menstruation, there is a slow, gradual involution of the glandular tissues of the uterus, the ovaries and other glands concerned primarily with the process of reproduction. Atrophy of all the structures of the genitalia takes place in the course of time.

OTHER COMMON SYMPTOMS

Flushes. Among the most prevalent symptoms of the menopause are flushes of the head and neck, and to an extent of the whole body, or various parts of the body. Closely allied to this is the tendency to heat flashes. Both symptoms are caused by irritation of the heart and vasomotor centers, and congestion, peculiar to this period.

These sensations come on very suddenly, and when they occur the woman feels her face or body grow hot and red. They vary in duration, lasting from a few seconds to several

minutes or longer. Varying degrees of perspiration usually accompany or follow the flushes, and later a feeling of chilliness may manifest itself.

The frequency of these symptoms is subject to wide variation. In some women they occur many times a day; in others at intervals of several days. There is also considerable variation in the intensity, ranging from mere annoyance to decided distress.

Menstrual Irregularity. Fluctuations in the menstrual activity may be an early and lasting symptom of the menopause. The irregularity may be either with respect to the duration of the menses or of the intermenstrual intervals, or both, and also in the quantity of the blood lost.

If only very slight changes are experienced, perhaps skipping a period or two, and soon finding the menopause established, the woman is fortunately free from the annoyances of long drawn out menstrual irregularities. Sometimes these fluctuating periods last for a great many months, even years.

When the menstruation is habitually very profuse, the condition is termed menorrhagia, or menorrhea. Sometimes it is not really an evidence of menstrual activity, but is due to hemorrhage incident to fibroid or other tumor, or even cancer. The suspicion of hemorrhage should therefore be considered sufficient grounds for undergoing clinical examination.

Obesity. Obesity is not an uncommon symptom, incident to the changes in the bodily chemistry at this time. In fact, of all the ages or periods of a woman's life, the decade between forty and fifty is most conducive to the accumulation of flesh. The tendency in many women, however, begins in the preceding decade, between thirty and forty. At the beginning of the menopause, the parts especially suscep-

tible to an increase of adipose tissue are the breasts, the abdominal wall and the hips, and a slighter general rounding out of the contour of the figure. Ordinarily, this tendency is rather mild, but in exceptional cases, there is an extreme accumulation of fat.

The consensus of authoritative opinion seems to be that pronounced obesity is favorable to an early menopause, and that it is often associated with menorrhea (excessive flow).

Cardiac or Heart Trouble. Palpitation, sometimes extremely distressing, is not an infrequent disorder of the menopause. It is associated with a feeling of anxiety, with a sense of pressure on the chest, sometimes with the sensation of a rush of blood to the head, and severe headache.

Cardiac symptoms, while tending to cause mental disquiet, should occasion no alarm, unless there is a predisposition to heart trouble, as they are rarely serious. They may persist throughout the period, during the irregular course of the menstrual activity, and may even continue some time after the cessation of the flow; but with the readjustment of the system, the heart symptoms tend to disappear.

It is only women of extreme obesity, however, who are apt to experience severe trouble with heart symptoms at the time of the menopause. With these women, cardiac asthma is also frequent. Attention to diet and general hygiene is important for persons suffering from heart symptoms at the climacteric.

Kisch states that elderly virgins, women who have for many years lived in chaste widowhood, sterile women who have married shortly before the menopause, or who at this time have recently been delivered, are all more inclined to cardiac troubles at the climacteric period than women whose sexual life has been of a less abnormal character.

Digestive Disturbances. Disorders of the digestive sys-

tem are another evidence of congestion, which is the basis for the majority of the anomalies of the climacteric.

Chronic diarrhea, and the opposite condition, constipation, are common disturbances, and both are largely symptoms of abnormal congestion. Bleeding from the hemorrhoidal veins is not an uncommon occurrence. This is due to congestion of the intra-abdominal vessels.

Stomach disturbances and dyspeptic troubles are frequent. The common symptoms are variations of appetite, sluggish digestion, burning gastric pains, belching, at times nausea, and sometimes vomiting of a watery, or bilious, fluid. The vomiting may be attributed to an excessive production of gastric juice, probably altered in quality, combined with other gastric irregularities.

There is also a pronounced tendency to flatulence—the presence of gas in the intestinal tract—so that the abdomen becomes bloated. Frequent and loud rumblings in the intestines may be experienced, and at times there may be severe abdominal pains.

Disorders of the Skin. Reference has been made to the flushes of heat to which the surface of the body is particularly subject at this time, and the excessive perspiration which follows.

Associated with these symptoms is a common tendency for the skin to become red or rose-colored in larger or smaller patches, which usually occur on the front part of the chest, the sides of the neck and face. This is an evidence of the congestion of blood to the surface of the body.

Another skin disorder peculiar to this period is an eczematous eruption which has taken the distinctive name of climacteric eczema. This usually appears late in the menopause, if at all, or even after the menstrual activity has ceased altogether.

Incidental to the general systematic adjustments that are taking place, the skin is very sensitive, and low in its resisting powers toward external noxious influences. The changes in the temperature to which the skin is subject, with alternations of dryness and dampness, leaves the skin liable to fissures and other minor troubles.

Pruritus. Closely allied to disorders of the skin, or due to a common cause, is *pruritus*—or itching, with an uncontrollable urge to scratch the affected parts. *Pruritus genitalium,* or itching of the genitalia, is a most distressing affection, with varying degrees of severity.

In most cases the itching is confined to the external genitals, but it may extend into the vagina. It may be due to local disturbances, such as catarrh of the vagina or of the neck of the uterus; inflammation, displacements, growths in the uterus, hemorrhoids, or anomalies of the bladder, or urethra. In addition to these local causes, the general upset condition of the metabolism is a contributory factor. Wilson regards pruritus and eczema as the commonest skin disorders of the climacteric period.

Besides *pruritus genitalium* due to physiological causes, there is also a variety of pruritus arising from an exaggerated eroticism, which the subject may or may not consciously recognize as such. In severe forms this is regarded as a neurosis of the reproductive organs, caused by an extreme sensitiveness of the sensory nerves of the vagina and external genitals.

Like the form arising from local disorders, erotic pruritus is characterized by enduring sensations of itching and burning, inciting to scratching. It may be either periodic (then usually occurring at night) or continuous. Coitus often gives no relief, and at times there is an irresistible impulse to the practice of masturbation.

Cancer and Other Growths. While the various symptoms above summarized are responsible for much distress in connection with the menopause, the most of them are rarely very serious or dangerous. There is, however, a hazard which should be noted, namely, the possibility of cancer, or malignant growths of the breasts, uterus or ovaries.

Uterine hemorrhage also has a significance in this connection as a possible indication of cancer in the internal generative organs, and not only prolonged bleeding, but even the occasional appearance of a slight flow of blood outside of the menstrual periods should be heeded as a warning signal. The woman should by all means be examined. If the examination proves there is no serious trouble, a great deal of anxiety will be spared. Bleeding, following coitus, is a suggestive symptom. After cessation of the menopause, any bleeding whatever, whether profuse or slight, should be considered a danger signal.

It will be reassuring to mention that cancer is on no account to be considered a probable *normal* incident of the climacteric, or that period of life falling within the fifth decade, but a predisposing cause must inevitably be assumed. The menopause in itself never causes cancer.

The local cause may be a laceration of the neck of the uterus, incurred at childbirth, or other diseased condition, which has rendered the tissues peculiarly susceptible to this malady.

As cancer always begins as a local disease, when it occurs in the region of the breasts or uterus it is accessible, and is eradicable at the beginning. However, if permitted to remain until it has made inroads upon the surrounding deeper tissue or viscera, it becomes ineradicable and incurable.

Nervous and Mental Disorders. Nervous irritability and disturbances are among the most common complaints of

the menopause. Vertigo (dizziness) is one of the evidences of the nervous condition. This may be either subjective or objective; that is, the woman may suddenly experience in the first case a perception of her own body in movement, or, in the second, of the visible environment moving about her. With this feeling of disturbed equilibrium, there may be other unusual sensory experiences—optical, auditory, or whatnot—due to the over-sensitive state of the nervous system.

There is also a tendency to sleeplessness. Women who have never been troubled with insomnia, and who remain otherwise quite well, sometimes suffer from a general restlessness at night. Various other symptoms having their basis in nervous anomalies have already been referred to.

Nervous irritability of varying degrees is frequently met, although it is often due to the woman's lack of knowledge concerning the real nature of the change she is undergoing. She therefore reacts in divers moods, peculiar to her temperament and character, all more or less expressing anxiety over unknown and dreaded possibilities. Sound information and a constructive attitude will do much to prevent and overcome undue submission to these psychic indispositions.

Climacteric Psychosis. There is a common superstition to the effect that insanity is liable to occur at the menopause. A great deal of unnecessary worry and mental suffering have resulted from this fiction. An obsessive belief in this has probably driven some women insane. Of course, women of unhealthy mental hereditary constitution have become unbalanced during the climacteric; but even a considerable proportion of these might have successfully weathered the rough seas of the menopause if they had been properly advised. A mind that has an unstable heredity behind it,

that has withstood the rigors of puberty and adolescence—when so many unstable constitutions become the victims of *dementia præcox*—and that has faced reality with more or less success for over a quarter of a century of adult life, should not necessarily break under the stress of the climacteric itself.

Should the menopause come on in a catastrophic manner, incurring a severe shock to the nervous system and organism generally, then it would be a serious ordeal for a woman with a bad hereditary constitution. When subject to a terrible strain, a chain will give way in the weakest link.

The normal woman, however, has nothing to fear with regard to the possibility of insanity at the change of life; in fact, the idea is so unwarranted that I would not even mention it if there was not a wide current belief in this possibility. And not only should the normally healthy woman be reassured in this respect, but—aside from the insanity that is induced by excessive fears and worries—even those less favored by heredity should be little concerned over this remote prospect.

Remarks on "The Dangerous Age." The restlessness, physical, mental and spiritual, of women at this age is proverbial. Our shortcoming has been in failing to recognize the trouble. A diagnosis of the actual conditions would have automatically supplied its own remedy. We can successfully cope with a situation only when we have an intelligent understanding of it, and not until then.

The reference to *"The Dangerous Age"* in connection with this period has now something of a facetious connotation, due to the modern tendency of romancing about and dramatizing the whims and capricious acts of women under the influence of the change. However, like all manifestations of wit, there is a sound psychological reason for the

expression. It is *a dangerous age* to the unprepared woman, to the ignorant woman, to the irresponsible woman.

With the physiological changes embracing the whole being, there are nervous disturbances and a psychological restlessness which in the capricious woman may lead to unfortunate results. Of course, while the best of advice may be given, which normal persons will profit by, it is more than can humanly be expected for the abnormal and the constitutionally irresponsible to stop, look and listen. Therefore, a rational appeal can be directed only to the rational mind. *"The Dangerous Age"* will always have its casualties among the heedless, as *will all other ages.*

Probably the most disconcerting view of the change of life for the average, normal woman is the erroneous idea that it implies she is *passé*—that her capacity for real usefulness and activity is practically over, or that her sexual charms will forthwith fade away. Nothing can be more fallacious. Among countless numbers of women the climacteric has been the beginning of a golden period of achievement. Nor is there any reason why women, normally constituted, should lose their sexual charms at this time. As a matter of fact, many women are more attractive at fifty than they were at twenty-five; and if their personality has been developed and enriched by the passing years, they may be more charming at sixty than they were at thirty.

One phase of life only is over with the menopause—and that is the reproductive. But that has its compensations, especially with the pressing economic problems which harass the mother in lowly or moderate circumstances. There are also organic and psychological compensations for the woman who has kept herself prepared, physically and intellectually, for the new possibilities of the post-reproductive period.

The menopause decidedly does not signify the end of

woman's sexual life—that is, the loss of sexual attraction, sexual feeling and the capacity for sexual gratification. This question will be referred to again. Suffice to say at this point that a normal woman may still be a fascinating woman, and a thorough-going wife and mate in every sense of the word, for many, many years to come. Furthermore, she may even outshine the more superficial beauties of half her age—which not infrequently happens.

There are two basic problems the woman has to meet in undergoing the climacteric.

First, there is the largely physical problem, resulting from the functional changes throughout the whole organism. There are, of course, psychological reactions to this also, but the activities are fundamentally physical.

Second, there is the purely psychological problem that is involved in the woman's *attitude* toward the situation. This is a matter of insight, understanding, enlightenment. If she knows just what is transpiring, and is prepared for it, and accepts it as a new experience—what interesting reactions may be had from even commonplace events in viewing them as *new experiences!*—her personality will be enriched as a consequence.

Casting out Fear. The ignorance of people generally regarding the nature of the climacteric has been responsible for untold worry and fear of consequences incident to this period. Even some otherwise excellent works on the subject tend to create an unwarranted fear by implying that many cases of disease occurring at this time are the logical or inevitable result of the change, instead of being due to a disease already existing or to hereditary or other predisposing factors. In the general stirring up of the organism at the menopause, of course, latent diseases may be revived and assert themselves.

By the very nature of a discussion of the climacteric, it is necessary to mention certain disorders and diseases that are associated with this period. However, it should always be stressed that untold numbers of women go through the experience with only slight inconvenience and no real ill-health, and most of the others would have done better had they the benefit of some constructive counsel.

It is with a knowledge based on long experience, and tempered with wisdom, that Dr. Bernard Hollander [1] says: "Nature is kind to the majority of women and has imperceptibly prepared the system for the change, so that the crisis is passed through with comparatively little trouble."

The fact is that, after the menopause, women as a rule find new sources of vitality working to their advantage. A woman who has lived a healthy life up to the climacteric has the expectation, normally, of many more years before her.

Indeed, from the standpoint of longevity, women are more fortunately situated than men, as they live longer and also show greater resistance to disease and major shock. The majority of sudden deaths from internal causes are among men. Different authorities estimate that this form of mortality is about 75 per cent greater among men than women.

Not only do women as a rule live longer than men, but they have a greater constitutional tendency to the preservation of youthful characteristics as is indicated by the less frequency with which they exhibit the common indications of old age. Degenerative diseases of the arteries, with their far-reaching effects, are less prevalent in elderly women than in elderly men. Van den Velden maintains that women withstand degeneration better than men. This is in accord with

[1] *Nervous Disorders of Women*, London, 1916.

the observation that elderly women are much less subject to sudden death from internal causes than men, as this form of attack may be regarded as a manifestation of degenerative diseases either of the arteries or of the heart.

The mental derangements of the aged are also more commonly manifested in men than in women. Ellis states there is reason to believe that old age produces relatively less loss of brain tissue in women than in men.

It is H. Sellheim's opinion that "women possess a greater innate recuperative power."

Ellis concludes, "We, therefore, find that the female—notwithstanding her greater affectibility by minor stimuli—is more youthful, more resistant to adverse influences, and longer lived than the male."

This short résumé of some of the natural advantages which women possess, and which become more marked on sex lines as she grows into the fulness of years, should be a bulwark of encouragement to the woman who has possessed the notion that with the climacteric she becomes *passé,* or thinks she suffers in comparison with her husband, and that he may tire of her on account of her lost youth. Physically, the advantages are on her side, as the authorities quoted have pointed out. If she permits herself to regress mentally, that is another matter.

The reproductive period must terminate some time, and it perhaps is well that nature has selected the time it has for the change in woman's life, which connotes the end of her procreative activities. At this stage, woman is normally at the height of her physical and mental efficiency. Her recuperative capacity and powers for conservation are at their best. The tissues are fully developed and stable, and the metabolism seasoned.

It is true that only too often excessive child-bearing, over-

work, or disease, has wreaked havoc upon a woman's constitution, and left a pitiable travesty of normal womanhood. This situation, however, presents another problem—or many other problems, individual and social—and is not in itself a matter chargeable to the climacteric.

An emaciated woman is generally subject to particular hardship at the time of the menopause, but when it is over, even she may find life taking a smoother course than before, and experience a new and welcome peace. The agonies and worries of child-bearing and the fear of pregnancies, are past, and if she is not forced to toil too hard, the less arduous post-climacteric period will prove a boon to her indeed.

HYGIENE OF THE MENOPAUSE

The hygiene of the menopause involves a two-fold regimen. First, and probably foremost, is the mental phase—*i. e.*, the proper attitude toward the phenomenon, and mental preparation, or the acquiring of sound information regarding the problems to be contended with.

The second is largely the application of the knowledge acquired to the special needs and care of the body. It concerns diet, exercise, rest and sleep, and other helpful available measures to minimize any untoward effects from the changes in the circulation of the blood, the disturbances of the nervous system and organs, and nutritive anomalies. All of these in various ways and degrees accompany the changes taking place in the reproductive organs and the body generally during the climacteric.

Bathing. Reference has been made to the lowered vitality of the skin, and its susceptibility to inflammations, etc., during this period. Baths of suitable temperature and composition will exert upon the skin a valuable derivative influ-

ence, doing much to allay the tendency to inflammation. They will also have a sedative effect upon the nervous system, a beneficial influence on the circulation, make conditions favorable for the absorption of exudations, promote a healthy tissue-change in the mucous membrane of the genital passages, and otherwise modify the processes taking place within the reproductive organs.

Furthermore, the pores of the skin have the functions of excretory organs, and it is important to keep them open and active.

It is generally recommended that a bath of indifferent temperature, say between 95 and 98 degrees Fahrenheit, not over fifteen minutes in duration, and of immersion—not affusion—is best suited for climacteric women. Baths of this kind improve the functions of the skin, thereby lessening the tendency to eczema; and promote the physiological processes of the organism.

Another general effect of these baths is to lessen the irritability that so often arises from disturbances of the nervous system, and other parts of the organism. They also have a favorable influence upon visceral neuralgias and oversensitive mental states. If taken just before retiring, the bath has the added value of contributing to general repose and inducing to quiet, restorative sleep.

Hot baths are especially suitable for women who, upon entering the climacteric period, are already subject to pathological conditions of the reproductive organs. Active congestions, fugitive heats, etc., are allayed by the hot baths.

Another important use of the hot bath, but one less often called for, is that it tends to restore the functional activity of the ovaries, when these have prematurely ceased functioning.

Cold baths, general or local, are not adapted for the

climacteric woman, and should not be taken, unless upon medical advice for some special reason. This also includes cold sea bathing.

Cleanliness of the genital organs should always be observed, and it is particularly important at this time when disintegrating influences are at work, and there are more secretions than usual to be eliminated. Neglect of this requirement may lead to genital irritation and pruritus, the distressing and sometimes painful symptoms which have already been described. It may be advisable, after urination as well as defecation, to wash carefully the external portion of the genital organs with a pad of clean absorbent cotton, moistened with luke-warm water. If there is a tendency to excessive secretion or for the skin to dry and crack, a reliable powder, in case of the former, or an ointment in case of the latter, may be used.

Exercise. Nothing is more healthful than proper and suitable exercise. It means activity and the organism was meant to express itself in many forms of activity. Exercise, of course, has to be regulated to suit each individual case, according to the conditions. Regular, methodical and moderate exercise is beneficial in many ways. It is stimulating to the functional activities of the organs, and facilitates the metabolic changes that are particularly urgent at this time. It also helps to allay congestion by improving the circulation, and has a wholesome influence upon the nervous organization. Furthermore, it improves the appetite, and the bodily activity, with the increased combustion of fat, reduces the tendency to obesity. Over-fatigue and over-exertion, however, should be avoided.

A gentle form of massage, when possible, is advantageous as a mechanical stimulation, as the pressure and friction on the body favorably influences the nutrition of the muscles

and skin, and it also helps the circulation. The massage should consist of lightly and gently rubbing the skin of the lower extremities, the back and abdomen, followed by gentle kneading of the muscles.

Diet. When the system is undergoing pronounced changes, when the digestive organs are subject to depressive influences and there is a great deal of waste to be repaired, it stands to reason that the question of diet is an important one.

Meat should be eaten sparingly, unless the woman leads a very active outdoor life or takes a great deal of exercise. Such animal food as is taken in very moderate amounts should be lean.

Above all, the diet should regularly consist of plenty of fresh green vegetables and fresh fruits. These are valuable, not only because they contain the vital elements in abundance, so necessary at all times, but because they are less taxing on the digestive organs, and promote a healthy activity of the intestines. There is considerable residue, or "roughage," in green vegetables and in many fruits, which stimulates the function of the bowels by giving them something to act upon, thereby preventing or helping to overcome constipation. The eating of too much concentrated and prepared foods is conducive to constipation, because there is so little residue left that the intestines have insufficient material properly to exercise their normal functions. As constipation is one of the most common complaints of climacteric women, due attention to diet will do much to eliminate this avoidable evil. With the bowels regularly active, there will also be a lessening of the intestinal gases, which are often a bane of the menopause. In exceptional cases, where the woman is suffering from acute digestive disturbances, she may be unable to assimilate certain

vegetables, and she should, of course, be guided by the requirements of the occasion, and as her physician may direct.

Milk, if it agrees with the stomach, may be taken freely, and fresh water in abundance—at least three pints daily. Highly seasoned or spiced foods, pickles and vinegar should be used very sparingly, if at all; and if there is a tendency to rheumatism, they had best be omitted altogether. Lemon juice can be substituted for vinegar for many common uses, including the making of salad dressings. The juice of the lemon should be employed in as many ways as possible, as it not only has an agreeable flavor, but is an extremely healthful product of nature.

Pastry, hot breads, fried dishes, rich salads and other foods that are generally recognized as difficult to digest, should be avoided. They not only make an added burden for the already weakened organs, but are allies of constipation.

Other Precautions for Health. On account of the extra strain upon the kidneys at this time, in eliminating the large amount of waste products from the system, it is the part of wisdom to keep a careful watch over these vitally important organs. The drinking of plenty of water (as already recommended) will help to keep them flushed and facilitate their activity. The urine should be examined twice a year by a physician, so that any tendency to Bright's disease or diabetes can be detected in its incipiency and combated at a time it can be done most effectively.

It is especially desirable that the climacteric woman be pleasantly occupied. Nothing is more conducive to morbid introspection upon real or imaginary ailments than lack of occupation. Modern psychology has brought very vividly to our attention the fact that our thoughts profoundly influence all the organs and functions of the body. The difference between being well and ill is often a state of mind,

and this is said with due regard for the actual existence of physical indisposition and disease.

We know only too well the depressing effects of grief, worry, fear, disappointment and other affective states. We cannot always avoid the causes that bring grief, but we can in a great many instances, perhaps most of them, elude the phantoms (for such they often are) that cause the greatest worry and fear. The distress and anguish caused by worry and anxiety that is without real foundation of fact is beyond reckoning. All forms of worry and anxiety are in essence *fear,* and when subjected to the light of rational analysis, they are often found to be products of the imagination, or at least they feed upon and are kept alive by wrong auto-suggestion.

The normal woman at the climacteric, who follows a reasonable regimen of hygiene, and takes the precautions suggested to avoid possible, but not necessarily probable, hazards, may pursue her life with equanimity and contentment.

Sexual Life After the Climacteric. There is no doubt that more distress and suffering incident to the menopause is due to a widely prevalent attitude toward the phenomenon than is generally realized. A woman may have a feeling—as unquestionably many do—that her sexual life is over, that she is *passé,* and will no longer have the same attraction for her husband in particular, or the male sex in general.

The influence of an attitude of this kind is in itself pernicious. We know the relationship between ideas and physical states, and how the former tend to realize themselves in the corporeal being. And it follows that, under the circumstances cited, the mental and spiritual reactions generally are depressing, conducive to morbidness and despondency.

Even the most philosophical woman, when under the influence of such negative ideas, has her outlook on life distorted. A woman with less mental control becomes

embittered at her fate, which may lead to various sorts of nervous and psychological complications, with their unfavorable physical reactions.

If it were possible to obtain *all the facts* in a large number of cases of difficult menopause, it would be interesting to know what percentage of morbidity is due really to false notions and *unhealthy* idea-complexes. There is no denying that a great deal of misery could be prevented by some rational insight into these problems.

Increased Sexual Desire. The sexual feeling of women by no means terminates with the climacteric, and the cessation of menstruation. On the contrary, the general observation has been that shortly before and during the early stage of the climacteric, there is a considerable increase in the sexual sense, including sexual sensitivity during intercourse.

It is often surprising both to husband and wife that there should be a change in this respect, and to those who have no knowledge of the deeper aspects of sexual phenomena, it is extremely puzzling. Sometimes women who have previously been characterized by a certain frigidity, or sexual coldness, and have only performed the marital relations reluctantly, have for the first time experienced real sexual erethism.

Kisch remarks that even well after the menopause, when senile changes in the genital organs are far advanced, the sexual impulse may be remarkably active.

An interesting analogy to this is found in the observation that the sexual impulse is persistent in women in whom an artificial menopause has been induced by *oophorectomy* (removal of the ovaries). Authorities have reported cases in which *dyspareunia* (painful intercourse), which existed prior to the operation, passed away subsequent to the removal of the ovaries, so that after the artificial menopause was estab-

lished pleasurable sexual relations were for the first time possible.

The increase in the intensity of sexual desire at this time, so long as the increase is not altogether excessive, is regarded as one manifestation of the visceral sensitiveness, peculiar to the climacteric.

On account of the tendency to congestion of the genital organs during the menopause, coitus should not be indulged in too often. Caution in this respect is in order because in some women the sexual feeling at this time is greatly increased. If the libido is normal—that is, if the woman feels a sense of well-being and satisfaction which lasts several days after the marital relations—a policy of moderation will be all that is necessary.

CHAPTER XI

SEXUAL DISORDERS OF WOMEN

Sexual Basis of Nervous Disorders—Neurasthenia—Anxiety Neurosis—Hysteria—Results of Unsatisfactory Marital Relations—Factors in Marriage that Influence Sexual Life—Sterility, or Barrenness—One-Child Sterility—Frigidity, or Sexual Coldness—Disorders Due to Abstinence—*Coitus Interruptus*—Common Disturbances of Women—Leucorrhea—Menstrual Disorders—Dysmenorrhea—Menorrhagia—Amenorrhea—Abortion: Spontaneous, Induced (Illegal or Criminal), and Therapeutic—Displacements of the Womb—Nymphomania—Masturbation—Exaggerated Statements of Its Evils—Why It is a Bad Habit in Growing Boys and Girls.

Sexual Basis of Nervous Disorders. Nervous disorders are so widely prevalent in the life of modern women that any serious attempt to throw light upon the subject is of decided service to the cause of health.

Within comparatively recent years there has been a growing tendency in various therapeutic circles to emphasize the relationship of nervous disturbances to the sexual sphere. Freud, the Viennese psychoanalyst, is probably more responsible than any other individual for indicating this trend. However, the policy of recognizing the sexual basis of nervous disorders is not now by any means restricted to the Freudians. All psychiatrists, neurologists, and the medical profession generally, are coming more and more to realize that disturbances of the sexual life are the cause of many nervous ills.

Of course, it is not contended by the present writer that every case of nervous disorder has its roots in sex; nor that there are not frequently other contributing factors involved. The human organism is so complex, and the interrelations of

its component parts are so manifold, that it is often exceedingly difficult to find the precise cause of a given group of symptoms.

The concept of woman as a mysterious, sexually anesthetic being is now largely a thing of the past. As Dr. Phyllis Blanchard remarks in *The Adolescent Girl:* "One of the most tantalizing problems is woman, because she has remained a baffling mystery, as shown by the folklore and literature of every people at every level of culture, in spite of her intimate relationship to man and the commonplaceness of her existence. In the attempt man has made to fathom her soul, she has been deified or endowed with demonic powers as the case may be."

Now that woman has jumped off the pedestal (which in theory only man had erected for her), and refuses to be classified as a demonic being in her contrary moments and moods, we are free to consider her case rationally and scientifically as that of a genuine human being.

Neurasthenia. Freud makes the allegation, in effect, that a neurosis is inconceivable in a normally constituted sex life. This is based on a vast experience in the realm of nervous and mental disorders. It is not my purpose to defend this opinion *in toto,* but to offer it as the thoughtful observation of one of the world's foremost medical psycho-neurologists.

If it has even a seventy-five per cent basis of fact to sustain it, it is still a remarkably striking recognition of the potency of sex in dominating our lives, even when we are not aware of the force that is tossing us hither and yon.

It must not be assumed that this statement of the influence of the sexual libido on the individual refers exclusively, or even in a major respect, to the present status of the person's sex-life. It includes the entire range of the individual's sexual history, meaning every sex impulse, thought, act and

experience, either in relation to another or others, or purely autosexual acts and experiences.

If the individual's sex history (from infancy) has been sound and healthy, if fate has interposed no deleterious experiences, and, of course, if heredity has been kind and generous, then there is the foundation for a healthy sexual constitution.

Assuming that this brings us up to the portal of adulthood, in the present case, *womanhood*—there follows the obligation to lead a sex life that is in harmony with the normal impulses and at the same time with the ideals. If the ideals are irrational, or if difficulties intervene and prevent the living of a sane sex life, even then upon the good foundation of sexual health, there may develop in the superstructure neurasthenic flaws of sexual disharmony.

In his classification of the neurasthenic symptom-complex,[1] Freud mentions the following influences in the sphere of women's sexual life which are conducive to anxiety neuroses:

1. Virginal fear, or anxiety in adults. This authority has observed a number of unequivocal instances showing that a first encounter with the sexual problem, a rather sudden unveiling of what has hitherto been concealed, as, for instance, the sight of some sexual object or act, or something read or heard in conversation, may, in a girl at the time of puberty, give rise to an anxiety-neurosis, which is in a very typical manner combined with hysteria.

(This is an excellent argument for the proper enlightenment of young people regarding the nature of sex and what the continuance of the race implies. They have to find out sooner or later, and if the subject is treated by parents in a

[1] *"Selected Papers on Hysteria and Other Psychoneuroses."* Pp. 141–142, 3rd edition. Nervous and Mental Diseases Publishing Co., Washington.

matter-of-fact manner, these vital facts of life are gradually and unobstrusively absorbed, without alarm, shock or stimulation.)

2. Anxiety of the newly married. Young wives who have been without sexual feeling in their first experience are not infrequently attacked by an anxiety-neurosis, which, however, disappears as soon as the sexual feeling becomes normal. Since, indeed, the majority of young women who lack sexual feeling in their first experience of sexual intercourse remain nevertheless quite healthy, it is evident that some other cause must contribute in arousing the anxiety-neurosis.

3. Anxiety in married women whose husbands suffer from *ejaculatio præcox* (premature ejaculation), or from great diminution of sexual potency, or

4. Whose husbands practice *coitus interruptus,* or *coitus reservatus.* Cases in these two classes are closely associated. It has been ascertained in the analysis of a sufficiently large number of cases that the really important question is whether, during coitus, the wife obtains or fails to obtain sexual satisfaction. In the latter event, the condition requisite to arouse the anxiety-neurosis is supplied.

5. Anxiety in widows and intentional abstainers, sometimes in combination with obsessions.

6. Anxiety in the climacteric period, during the termination of the reproductive life, which frequently involves a flare-up of passion.

Various anomalies of the genital organs which give rise in the virgin to no trouble whatever, display their influence during maturity by unfavorably affecting the nervous system. Thus, in cases of malformation of the external organs of reproduction, imperforation of the vaginal canal, a rudimentary condition of the vagina, rigid hymen, or local dis-

turbances in the vagina, it is only when sexual intercourse begins that neuroses or hystero-neurasthenic troubles ensue.

FACTORS THAT INFLUENCE SEXUAL LIFE

Conspicuous among the factors that influence woman's sexual life for good or ill, of course, is marriage. When the marriage is everything that it ought to be, particularly when both parties, and especially the husband, possess a happy insight into the problems of sex, there is at least assured to the wife the foundation for a healthy amative life. And so much depends upon this factor that it alone may be considered the bedrock not only of marital harmony, but of the woman's physical, mental and spiritual well-being. That the man's destiny also is inescapably bound up with these conditions is, of course, self-evident.

Proper sexual gratification—meaning the regular exercise of this urge, free from excesses—fulfils a need that has no real substitute in the life of the normally constituted woman. This is true even though some authorities may have overemphasized the drawbacks of sexual abstinence. As a matter of fact, many women have met the problems of a celibate life with seeming serenity, and certainly with tremendous achievement to their credit. Then, again, others have found it an insurmountable handicap to health and well-being. So much depends upon the hereditary constitution, the bodily chemistry, and temperament of the individual, and also upon the environmental influences that have helped to mould the person's life!

Often the inability to marry will make a deep impression on the mental life of a woman, and in many cases lead to passionate desires and tormenting yearnings of an erotic nature. If, to relieve the distress, promiscuous indulgence

is resorted to, this generally leads to conflicts with the ethical ideals, or at least to distressing pangs of conscience from the realization that the social conventions are being violated.

In addition to this prolific source of mental disturbance, there is the possibility of physical impairment as a result of venereal disease, or even of pregnancy, from the illicit relations.

STERILITY

Sterility, or barrenness, means the inability to beget children. This condition in the married life of a couple may be due to some derangement or fault in either the man or the woman.

In years gone by, it was quite customary to attribute this shortcoming nearly always to the wife. This led to many pathetic experiences and hardships on the part of the woman, who was subjected to all sorts of humiliating tests and painful experiments, such as womb-scraping operations and other procedures—often to be found out eventually that the trouble was with the husband and not the wife.

Authorities estimate that in sterile marriages the cause lies with the husband in from twenty-five to fifty per cent of the cases. One of the principal causes of male sterility is a previous gonorrheal infection, which has closed the *vas deferens,* the tube through which the spermatozoa must pass to perform their biological function. The question of the male's ability to procreate is readily solved by subjecting the semen to a microscopic test. If there is an absence of spermatozoa, or if when present they are found to be so lacking in vitality that they are incapable of pursuing their journey when deposited in the vagina of the female, then the man is clearly sterile.

Gonorrheal infection is also a common cause of female sterility. Both Fallopian tubes in this case usually have been closed from the inflammation. There are, however, various other causes, such as inflammation of the womb, tumors, or displacements of the womb, which interfere with the passage of the spermatozoa into that organ; also an acid condition of the vagina, which has a destructive effect on the male fertilizing element.

The prospect of locating the cause of female sterility is therefore more difficult, unless it is found upon examination to be due to some obvious malformation of the genitalia. Another cause of female sterility, usually absolute and irremedial, is incapacity of ovulation. This condition may be due to an undeveloped state of the ovaries, or to their atrophy. It is not an unusual situation for a woman to bear one child, and then become sterile. Not all cases of one-child marriages are of this class by any means, as the growing use of contraceptives (birth control methods) accounts for a relatively large number of one-child families.

Genuine one-child sterility is usually the result of the closure of the Fallopian tubes, as an effect of inflammation from whatever cause. An inflammation resulting from "child-bed fever," may be the cause of the sterile condition.

FRIGIDITY

Frigidity, also called sexual coldness, or sexual *anesthesia,* may be due either to physiological or psychological causes, or to a combination of the two. When the trouble is based on physiological or structural causes, such as underdeveloped genital organs, atrophied ovaries or dysfunction of the generative system, little can be done to overcome the deficiency. A gynecologist should pass judgment on each

case according to the specific conditions which prevail.

The field of psychic frigidity, however, is great enough, and the possibilities of affording help are encouraging enough in a large proportion of cases, to warrant more attention to this subject. Sexual coldness and unresponsiveness are serious difficulties to marital harmony. The prime factor in bringing about this unfavorable psychic state is undoubtedly faulty education, which has so warped the mind of the woman on the subject of sex, especially in its purely personal relation, that all emotional reactions to sexual phenomena are antipathetic, or at best apathetic.

V. G. Vecki (*Sexual Impotence*) has stated in this connection: "We see whole families in whom education has implanted principles that will ever be an obstacle to the proper development of the sexual instinct, and thus, indirectly, of sexual vigor." The pernicious results of this type of education have been stressed in previous chapters.

There is much hope in the fact that this coldness often disappears when the emotions are deeply stirred by a whole-souled love. And the real awakening of ardent love, and its fruition, depend largely upon the insight and understanding of the husband in guiding the sexual relations smoothly and satisfactorily in the early days and weeks of wedlock.

As Dr. William J. Robinson well says: "Very often in cases of female frigidity the person to be instructed or treated is not the woman, but the man." This authority recommends in connection with the treatment for frigidity, a rich and generous diet, with a large percentage of proteids. Eggs (preferably raw), meats, fish, oysters, caviar should be consumed liberally with plenty of condiments. Hot baths, occasionally with a little mustard, before going to bed, are decidedly efficacious.

DISORDERS DUE TO ABSTINENCE

Whereas in youth abstinence is more easily borne by women than men, at full maturity woman's sexual urge, as unconsciously manifested, if not, indeed, consciously—when not adequately gratified—may be quite as insistent as in man.

Nystrom states that abstinence has often as severe an effect upon woman as upon man, although some difference occurs in the manifestations, because of the difference in the physiological organization of the two sexes.

The consequences of prolonged self-denial, especially in women whose sexual desire has been thoroughly aroused by erotic experience, are much the same as in men. They show the same symptoms of functional disturbance, embracing a wide range of disorders. The most common disturbances due to abstinence are chlorosis (a form of anemia), disorders that are colloquially referred to as "female diseases," nervousness in its many phases, cramps, hysteria, with a tendency to alternate laughing and crying, hilarity and sadness, insomnia, hallucinations, etc.

Professor Erb, who has made important investigations in this domain, is under the impression that the health of many young women of good breeding and exemplary morals has suffered from abstinence. He considers that undoubtedly innumerable older, single women of refinement and education become sick or ailing from the stifling of their sexual life.

A number of married women who had been neglected by their husbands, and widows, have told him that they suffered severely from their enforced continence, and most of them became neurasthenic and hysterical. Nerve specialists generally, who so often come across these cases, have reported the same experience.

Numerous young, healthy, normal women related to Erb how, from the mid-twenties, they had become ill from semi-conscious sexual desires and ungratified craving for love, and had experienced sexual fancies and hallucinations, melancholy and "female diseases."

Of course, there is a considerable number of women who are sexually anesthetic, or constitutionally frigid, and appear to have no primary sexual feeling whatever. In true cases of this kind women appear never to experience the sexual urge, even after having borne children. Their genital organs are so insensible to feeling that they do not respond to artificial irritation, such as electricity, etc.

It is generally believed by sexologists and gynecologists, however, that a considerable proportion of cases of so-called frigidity is not organic or constitutional, but rather due to long-established repression, fear of pregnancy and false, prudish ideas of sex—considering it "nasty." These women are the victims of miseducation. Another not inconsiderable number have been improperly initiated by a blundering mate. Their first sexual experiences were rude, brutal awakenings which so revolted them that it established a chronic feeling of antipathy toward the sexual function. Some women never overcome this attitude, implanted by an ignorant or inconsiderate husband. In others, under the influence of love and kindness, and with the later acquisition of insight into sexual problems, there is gradually established the normal sexual feeling.

Dr. Hegerisch has written: "Although I agree with Malthus in appreciation of womanly virtue, I must as a physician express as my opinion that the enforced abstinence of woman nevertheless is a crime against nature, and often is followed by serious functional disturbances and symptoms of diseases."

Practically all the leading authorities in this field have supplemented their general comments by citing numerous cases, showing specifically the results of abstinence in normal, sexually mature women.

Occasionally, of course, we find brilliant, intellectual women living an active, productive life without apparently suffering from sexual denial. Then there is another type of woman, full of energy, some of which is possibly transferred from the sexual goal, who interests herself in, or more literally throws herself into, various movements and organized activities, sometimes with remarkably constructive and consistent results, and at other times merely as a means of "expressing herself," without capacity for coöperation or tolerance for the ideas of others who show a dissenting opinion.

Fear, as has been stated, plays an important rôle in sexual chaos. Fortunately, a rational understanding of sexual problems will do much to dissipate the baneful influence of fear.

Fear of pregnancy, of course, is a special problem which can be overcome only by a practical knowledge of reliable contraceptive methods. The extent to which unsatisfactory sexual relations, with their resultant train of marital disharmonies and shattered nervous organizations, are due to woman's helplessness in controlling her own reproductive powers, is a sad commentary on our intellectual integrity.

Gallichan [1] states that "Every doctor experienced in the treatment of the maladies of women knows that the sex-life plays a complexly important part in their bodily and mental health, and that women are more liable than men to suffer from deprivation of the exercise of the normal sex function. Sir Benjamin Brodie, Ellis, Campbell, Balls-Headley, Anstie, Matthews Duncan, Tilt, Allbutt, Playfair,

[1] *The Psychology of Marriage,* New York, 1918.

Kisch, Dubois, Jung, Freud and many other authorities have pointed out the immense influence of the reproductive system upon women."

Coitus interruptus (incomplete sexual intercourse) is known to be a prolific cause of nervous disorders, hysteria, and numerous other disturbances. It has been found in these cases that health is regained when complete coitus is performed under conditions which remove the fear of pregnancy when the latter is not desired.

COMMON DISORDERS OF WOMEN

Leucorrhea. There is a disorder very common among women called *leucorrhea,* also known as the "whites." This is really not a disease in itself, but rather a symptom of some disorder. The symptom in this case is a discharge resulting from a catarrhal condition of the mucous membrane of some part of the genital system.

Any mucous membrane tissue is subject to an abnormal discharge of watery or thick mucus when a condition of congestion prevails. The nasal passages offer a common example of this, as when one has a cold in the head or chronic catarrh.

Catarrh is an excessive discharge of mucus from the mucous membrane glands, and in the female genital regions, where the condition is known as leucorrhea—meaning literally a "white running"—it may be due to any one of a number of causes.

Just before and after menstruation, there is a tendency for the membranes of the sexual organs to form an increased secretion of mucus for a day or two. When this continues throughout the month as a white, clear or creamy discharge, it is abnormal. Sometimes it is very profuse and offensive

and may be tinged with blood. Leucorrhea is often the result of taking cold, leaving the parts in a weakened condition, and deficient in vitality so that the trouble is not readily overcome.

Congestion brought about by injudicious modes of dress may be a contributing factor or even the chief cause—that is, wearing thin-soled shoes in damp, rainy or cold weather; insufficient clothes about the abdomen, or any other arrangement of the dress whereby the body is not sufficiently protected. A run-down physical condition, anemia, overwork or exhaustion are predisposing factors. It may also be fostered by any cause, mental or physical, which tends to keep up a state of sexual excitement or erethism.

The treatment is essentially proper and hygienic care of the body, sensible and seasonable dress and footwear that protect against wet and cold; plenty of rest, and good, wholesome nourishment, and regularity of the bowels. Moderate exercise in the open air and sunshine—without over-exertion—is helpful, because it improves the circulation, and tends to relieve congestion. Douching with warm water will help to keep the vagina clean and free from accumulations of offensive secretions. The use of patent medicines should positively be avoided.

If the symptoms do not respond to this hygienic regimen, it is better to consult a physician. The seat of the disorder may be in the uterus, and as the continued state of leucorrhea is weakening, disagreeable and uncomfortable, effective means should be taken to overcome it.

Menstrual Disorders. There are a number of anomalies associated with menstruation. When accompanied by pain or great distress, the condition is called *dysmenorrhea.* This is an evidence that something is wrong, and if hygienic living conditions and a proper attitude toward the phenome-

non do not produce effective results, it would be well to consult the family physician.

Profuse menstruation, called *menorrhagia* (or menorrhea), is the result of various causes, and in different individuals, has a different significance. For instance, a full-blooded woman may flow profusely in comparison to one of less vigor and vitality, and yet be subject to no inconvenience. If the flow is too free or lasts too long, decided weakness follows, with a sense of exhaustion, pallor and perhaps headache. The cause may be due to some physiological ineptitude, such as has been mentioned with respect to painful menstruation.

It may also be due to over-supply of blood to the generative organs, as a result of too strenuous exercise, very long walks, or excessive standing. The tendency is for physical exhaustion at this time to produce a condition of debility of the nerves regulating the sex organs, so that various distressing symptoms manifest themselves.

The remedy is an abundance of rest to overcome the immediate exhaustion and debility, and after that attention to strengthening the body as a whole. This means plenty of good, wholesome nourishment. Fresh milk regularly is a good thing, in connection with the dietetic suggestions already given. Also, there should be no opportunity missed to be out in the open air and sunshine and get the benefit of these greatest of all therapeutic agents. Avoid extreme exertion by all means, but moderate exercise, barring exceptional instances, is desirable, because it equalizes the circulation and thus relieves congestion.

From the mental side, an over-supply of blood to the sexual organs may result from highly emotional and erotic states of mind. Concentration on sexual subjects, in the form of erotic dreams, lurid sex romances or masturbation, with a

resultant stimulation of the genital system, may be a contributing factor in these disturbances.

Absence of menstruation, termed *amenorrhea,* may refer either to the non-appearance of menstruation, or to its suppression. In the first case, the function may not appear at the age it is normally expected. The absence of the menses is naturally a source of anxiety to parents and to the girl if she finds herself growing into adolescent maturity without this normal function of womanhood.

The most common causes of the non-appearance of menstruation are poor health, due to previous illness or debility, such as anemia, or chronic ailments, insufficient exercise, exhausting work, confinement indoors, and poor or improper food. In the case of any of these causative factors there will be found a lack of vitality in general and retardation of the sexual development in particular. The treatment for this condition is the general building up of the body and increasing the vitality by a dietetic, hygienic regimen as already advocated.

ABORTION

The question of abortion should receive a word of consideration under the subject of sexual disturbances of women. The term *abortion* is so often used to denote *induced* abortion that the connotation of the word in the public mind is largely one covering this illegal practice.

Abortion means the premature expulsion from the womb of the embryo or fetus, before it is viable (capable of living outside the mother's body). When occurring between the third and seventh month, it is sometimes called "miscarriage." The time limit of viability is usually set at approximately 183 days (26th–27th week). Children born a couple of weeks later, however, have a much better chance

of survival. After the time of viability, when there is a probability of the child living, it is referred to as a "premature birth," or "premature labor."

There are three different classes of abortion: (1) *spontaneous* abortion, which takes place without any outside interference; (2) *induced* abortion, which is brought about by artificial means, either by the woman herself or someone else; and (3) *therapeutic* abortion, which is produced artificially by a doctor or surgeon as a means of saving the woman's life, and for this reason is legally permissible. *Induced* abortion, when not accomplished to save the mother's life, is called *illegal* or *criminal* abortion. When a case of this kind is discovered, the woman and the person who performed the abortion are liable to severe punishment.

The principal cause of spontaneous abortion, or miscarriage, is syphilis. The syphilitic condition need not necessarily be active, or even apparent. Often when all active signs of the *spirochæta pallida* (the germ of syphilis) have otherwise disappeared, as far as superficial observation goes, the effect on the woman's reproductive system may be such that it is difficult or impossible to give birth to a full-term, living child.

Certain hereditary factors may also conduce to abortion, and so may a diseased condition of the lining of the membrane of the womb.

Displacements of the Womb. The normal position of the uterus, or womb, is moderate anteversion. In *anteflexion*, the body of the organ is bent forward sharply upon the cervix (neck) to form an angle. An undeveloped uterus is usually anteflexed. The chief symptoms of anteflexion are dysmenorrhea and sterility.

In *retroversion*, the whole organ is turned slightly toward the hollow of the sacrum.

In *retroflexion,* the body of the organ is bent sharply at the cervix. Among the symptoms of backward displacements are backache, leucorrhea, dysmenorrhea, menorrhagia, sterility, and spontaneous abortion.

Prolapse, or "falling of the womb," is descent of the organ below its normal position in the pelvis. The principal causes of prolapse are falls, instrumental delivery, and lacerations of the perineum.

NYMPHOMANIA

Insatiable sexual desire in the female, which in some cases becomes altogether uncontrollable, is known as *nymphomania.* The equivalent condition in the male is termed *satyriasis.* When there is a predisposition, this disease, like other manias, may be recurrent at irregular intervals. The cause is usually a cerebral one, affecting that portion of the brain which controls and regulates sexual feeling. A genuine case of nymphomania is hardly safe at large, and for the patient's own best interest, as well as the family's, she had better be confined to a sanitarium as long as there seems to be any danger of a recurrence of the uncontrollable sexual manifestations. Scandals and sensational episodes of a gross sexual nature sometimes have their origin in the irresponsible action of a nymphomaniac subject.

MASTURBATION

Masturbation, also called "self-abuse," is the practice of handling or rubbing the genitals to produce erotic sensations. It is a subject that has been treated with too little honesty and sincere understanding in most popular treatises of the sexual question. It has been so bound up with theological

concepts on the one hand, and on the other by the old-time quack "sex specialists," who used it as a lever for frightening young people into their clutches, that only a comparatively few writers have considered it from an organic standpoint. It is only fair to state that prominent among those who have injected sanity into this question are Robinson, Ellis, Forel, Bloch, Brill, Robie and a few others.

Girls and women have been more fortunate than boys and young men in that they have been less subject to victimization and exploitation with respect to the evils of masturbation. At the most, the matter has been generalized, instead of being luridly particularized, as in the case of the male sex.

Numerous writers have commented on the disastrously injurious effects of masturbation on boys, and have buttressed their arguments with all sorts of pathological evidence, practically all of which was due to other causes than masturbation *per se*. The chief factor in contributing to the evil results that they pictured, however, was a psychological one —fear. Many young boys, particularly those of a sensitive nature, who had masturbated and were convinced by the information they had received that they were both morally and physically doomed, have been driven into wretchedly morbid states of mind. I have before me a pathetic letter from a nineteen-year-old University student who was so convinced of his hopeless degradation because he had masturbated from time to time that he had planned to commit suicide, arranging it in such a way that it would seem like an accidental death, so as to spare his mother the sorrow of a suicide. I hope the letter that I have written the young man will, in part at least, dispel some of the false notions that brought him to the state of mind which prompted the scheme of self-destruction.

Authorities in commenting on the comparative absence of bad effects of masturbation in girls, have attributed it to the fact that, unlike boys, they are not terrorized by exaggerated warnings of the awful results of the habit.

While not sounding the note of an alarmist, it is believed that a possible result of masturbation in girls is that the stimulation produces an unnatural form of sexual gratification, partly physical, partly nervous and partly psychic in its responses. As a result, in adult womanhood, there is a tendency to antipathy toward normal sexual relations. The nerves have been conditioned to respond to an altogether different form of sexual stimulus.

The most authoritative opinion seems to be that masturbation in the adult or fully matured individual, is practically as harmless, physiologically, as sexual intercourse, when practiced with the same frequency. In the growing girl or boy, however, it is a bad habit because it wastes secretions and energy that are at this time needed in the development of the individual's physical and mental potentialities. Furthermore, it arouses the sexual sensibility and functions prematurely, and because this forced erotic tension cannot be relieved in the normal manner, it leads to emotional conflicts, morbid self-consciousness and an unwholesome state of mind; and, physiologically, is conducive to congestion, nervous excitability and generally undesirable effects.

The question is whether the girl is anxious to grow up into the highest expression of womanhood of which she is potentially capable. If so, then she will form habits of personal hygiene and conduct that are conducive to health and the full development of her physical, mental and spiritual qualities. This automatically precludes the practice of masturbation; or implies its discontinuance if, in ignorance of its undesirable effects, the habit has been acquired.

The subject is important enough to write about in more detail, and to avoid repetition, the matter will be discussed further in the next chapter, when masturbation by boys will be taken up.

CHAPTER XII

SEXUAL DISORDERS OF MEN

Nervous Disturbances—Fatigue from Mental Effort Alone a Rare Phenomenon—Sexual Factors in Neurosis—Nervous Breakdown from Suppressing Sexual Life—Sexual Determinants of Anxiety Neurosis—Sexual Neurasthenia: Hereditary and Acquired—Neurasthenia Not so Much Actual Nervous Debility as Lack of Control—*Coitus Interruptus* a Factor in Male Neurasthenia—Sexual Impotence and Sterility—Impotence Resulting from Continence—Absolute and Irremediable Sterility—Relative and Transient Sterility—Prostatitis—Azoospermia—Aspermatism—Satyriasis—Masturbation—Confusion with "Onanism"—Prevalence Among Animals—Opinions of Some Famous Medical Scientists.

Nervous Disturbances. The problem of sexual disturbances with regard to the male is a manifold one. Besides such disorders as impotence, sterility, prostatic troubles, etc., there are neurasthenia and other nervous affections to be considered. The most frequent results attributed to "nerves" are breakdown—nervous and mental—and acute disturbances of certain organs.

Naturally, many predisposing and contributory causes may be involved in nervous disorders. There is, to begin with, the constitutional factor, perhaps the inherited tendency of a sensitive nervous organization. This in itself is not a liability, unless it exists in a pathological form, because people so organized, when they understand themselves and become adjusted, are among the most valuable and productive members of human society.

Those who are organically predisposed to nervous instability find their greatest handicap usually in faulty education and training in childhood. I do not mean the education that

is believed to be acquired within the four walls of the school room, but the broader education which is the whole process of preparation for life. This is in no small way obtained, when acquired at all, from examples in the home—as exemplified in the character, intelligence, self-control and constructive habits and harmony of the father and mother, and other members of the family.

When, in the case of the sensitive young person, there is lack of stability, harmony, constructiveness, and intelligence in the home environment, there is prepared a fertile background for future nervous ailments, psychic conflicts and a general feeling of ineffectiveness to cope with the demands of reality.

A sound brain and nervous system rarely suffer from intellectual overwork, unless the work be distasteful or performed under objectionable conditions. A healthy adult brain is capable of doing a great deal more mork than is ordinarily expected of it. There are few brains that are worked to their maximum, and nervous troubles are rarely caused by regular sustained application in itself. Nervous disorders, however, are often produced by doing work that is uninteresting, or disagreeable; or in attempting to do work which is beyond one's capabilities, or for which one is not fitted by experience and training. When these conditions exist, there is present a constant internal conflict, and a tremendous amount of energy is wasted in fretting, worrying and similar depressing emotional expressions.

It is understood that we are here considering mental application and nervous problems, and not physical labor. The latter is governed by much different circumstances. One person may be too light or lacking in physical equipment and endurance to perform labor that to a more highly developed physical type would be as child's play.

Fatigue from mental effort alone is a rare phenomenon, usually transient, and often accidental, among men whose thinking is productive. It is on the other hand common and quite chronic among those who are engaged in uncongenial occupations. It is often due to lack of self-control and want of constructive purpose on the part of the individual—in other words, to faulty preparation for life.

In considering the factors that lead to mental fatigue and nervous disorders, there is always one thing to bear in mind, and that is there must be mental and nervous relaxation. Physical relaxation is secured through sleep, but mental and nervous relaxation are only in part obtained in this way. There is further needed a form of activity, both mental and physical, that is quite removed from the daily routine. This is the fundamental condition of recreation—a term which is more expressive in its original form: *re-creation.*

Intellectual work in itself is a negligible cause of nervous exhaustion. It is almost inevitably the worry and anxiety incidental to many forms of intellectual pursuit, or nelgect of the physical organism, of which the intellectual worker is often guilty, that undermines the health, saps the strength and leads to exhaustion.

The man who carries on his work free from the shadow of worry, anxiety and other distressing emotions, rarely becomes a victim of nervous exhaustion. If the enthusiasm for his vocational activities leads him to excessive application, he may experience a sense of fatigue, more or less severe, according to his capacity for resistance, but seldom anything more serious.

Fatigue of this kind, which is not fed upon worry or anxiety, soon brings its own remedy through the lessening of the cerebral activity which follows. A generous measure of rest which the organism craves relieves the acute tension,

and permits the replenishing of the depleted energy.

It has often been noted that the chief sufferers from nervous exhaustion are people who have been thwarted, or who encounter some insurmountable obstacle. In other words, people as a rule do not become nervous wrecks while they are succeeding—when they are full of triumphant enthusiasm and are unhampered by anxiety and worry. But if failure looms, they begin to worry and suffer a breakdown. The worry brings about an intolerable condition within the organism, and the crisis of the breakdown is nature's abnormal method or attempt to get away from the unbearable situation. It generally succeeds to this extent: the victim is forced of necessity out of the torturous situation which brought about the trouble. Whether or not he is able to get relief from the havoc that has been wrought depends in each case upon the particular set of personal, financial, social and other factors that are involved.

Sexual Factors in Neuroses. In setting forth the above remarks about nervous disorders, nothing was said of sexual factors which are so often (perhaps always in some form) present in nervous crises. The statement was made in a general way because the principles as stated are always applicable. That the situation is further complicated by widely varying conditions which enter into the sexual life of every individual is a truism known only too well by those who have given the subject any serious thought.

A nervous breakdown may be hastened or even caused primarily by utterly suppressing the sexual side of one's nature, while pursuing a highly geared course of intellectual activity. This situation implies that there is a lack of balance between the intellectual outlet and the elemental biological outlet that is typified in sex.

There is no mistaking the fact that a normal sex life for

the average adult offers a means of regularly relieving the nervous tension and maintaining mental and physical health that is obtainable in no other way. It is impossible to estimate the extent of nervous afflictions that are due to basic sex causes—either in the form of virtual suppression, or in some cases to excessive or unwise indulgence of the sexual urge.

Freud mentions the sexual determinants of anxiety neurosis in men, formulating them in the following groups, every one of which has its analogy in women:

1. Fear in the intentional abstainers.

2. Fear in men with frustrated excitement (during the engagement period, for instance). Persons, who out of fear for the consequences of sexual relations, satisfy themselves with fondling or looking at the woman.

3. Fear in men who practice *coitus interruptus* (incomplete sexual relations).

4. Fear in men when they undergo the physical changes incident to middle age.

Sexual Neurasthenia. Neurasthenia, or nervousness, may be either hereditary or acquired. The symptoms, superficially, are lack of nerve strength, or deficiency or exhaustion of nerve force, resulting in over-sensitiveness to annoying stimuli, lack of self-control, and the tendency to become easily irritated.

The condition may be more or less general, in that case a derangement of the entire system; or it may be local—limited to a certain part of the organism. Thus, there are gastric, cardiac, cerebral, spinal and sexual neurasthenia. Often the trouble begins as sexual neurasthenia, then extends to other organs, and finally becomes general.

It is the sexual classification only that we are now considering. So-called hereditary neurasthenia is really a *pre-*

disposition to nervous instability, rather than the condition itself, as the disorder is brought about by untoward circumstances in the life of the individual. These unfavorable circumstances may be improper nutrition, undue repression of any side of the emotional life, conflicts between ideals and desires, or even sheer imitation of the neurotic traits of elders.

The tendency of the neurasthenic condition is to localize itself upon the weakest organ or organs, which accounts for the nervous dyspepsia of some, nervous heart of others, and so on. But in any form of neurasthenia, no matter what organ may be the seat of the local involvement, there is almost invariably a sexual disturbance. This indicates the close relation of nervous instability to the sexual organization.

As a matter of fact, a large part of the trouble is due to irrational or improper use of the sex functions (including the result of disease), or to their suppression; also to mental conflicts between the natural desires and certain ethical or religious convictions. In some other cases, it is due to over-indulgence of the sexual appetite.

The influence of the neurasthenic condition upon the mentality, or *vice versa,* is such that it cannot be differentiated at times from certain abnormal mental states, namely, hypochondria, hysteria (in the female), and in attacks of emotional insanity. It is this psychological aspect of neurasthenia which led Freud to consider that all neuroses are due to psychic shocks or disturbances of one kind or another, and that invariably there is an unpropitious sexual background.

The more one considers this phase of neurasthenia, the more it becomes evident that Freud is almost, if not entirely correct in his conclusions. Of course, we really know the

sexual history of a very few neurotic cases, and little reliance can be placed on the individual's admission in this respect. The social traditions under which we have been educated make it difficult to confess the actual facts of our sexual life and experience, and the patient's own mental repressions add to the difficulty by producing "forgetfulness."

Then, again, neurasthenia is not so much actual nervous debility as it is lack of control—with prolific waste of nerve force. We all see "nervous" individuals about us who every day waste enough nerve force, which, if harnessed and constructively applied, could perform marvels in various fields of human activity. The wonder is that the reckless and useless expenditure of nervous energy does not leave them physical wrecks in a week. Nevertheless, they go on this way month after month, year after year, and very rarely succumb as a result of their nerve dissipation.

Coitus Interruptus (premature withdrawal) to prevent pregnancy is undoubtedly an important factor in male sexual neurasthenia. As the woman also suffers from the incomplete sex act—as we have seen in the previous chapter—this fact suggests to those who practice *coitus interruptus* that they should consider the revision of their sexual habits. The prevailing laws, unfortunately for millions of mature, *independent* American citizens, do not permit them to discuss with each other the ways and means of avoiding conception. The people of England, France, Holland, Germany, New Zealand, Mexico, and many other parts of the world have this liberty, but the American citizen, although there is overwhelming evidence that he needs it, and plenty of proof that he wants it, is still too indifferent to demand the sacred right of jurisdiction over his own personal affairs that is now withheld from him by his elected representatives.

While sexual neurasthenia may be established at the time

of marriage, or the ground-work for the disturbance may be present in a large proportion of cases, it can be overcome in many of them, when actual disease is not present, by following the regimen of conjugal hygiene advocated throughout the preceding chapters. And it certainly can be prevented among normal married couples by a harmonious adaptation of their sexual natures in accordance with the laws of sex.

SEXUAL IMPOTENCE AND STERILITY

Impotence. Sexual weakness, or impotence, may be partial, of varying degrees, or it may be complete. It may be temporary or permanent. In many cases the man lacks sexual desire, so that the impotence would probably not be a great handicap upon him if he were not married. But in the marital state, this condition is conducive to conjugal disharmony and discord. The only exception is if the the woman is genuinely frigid; and, of course, under such circumstances the marriage would not be a representative one, as the sexual element, which, when properly used, is productive of the finest impulses in married life, would be absent.

Impotence that is due to a physiological (organic) cause, such as diseased testicles, prostatic trouble or inflammation, must be treated by a competent, experienced sexologist. It is a difficult condition to remedy, and the prospects of success are determined by the nature and extent of the disease.

Impotence Resulting From Continence. Impotence has also been attributed to long continued sexual abstinence, although this is still a controversial question. Furbringer cannot present any certain cases. Virey maintains that in "complete and continuous abstinence from intercourse" the male organs which prepare the semen—the testicles, seminal

vesicles and prostate—and also the penis, become smaller, "unsightly, wrinkled and inactive."

Galen described a similar condition resulting in the case of the athletes of the Roman Empire, men who lived a life of strict continence.

The duration of man's sexual powers is quite variable, depending upon the constitution of the individual and the life he has lived. In many instances virility has remained until extreme old age. In other cases there is an early decline after the peak of maturity is reached.

Von Gyurkovechky has set the first evidence of decline in the sexual powers at about the fortieth year, and believes that normally these powers are exhausted at about sixty-five. There are so many exceptions, however, that this observation of a recognized authority has little practical value. Complete potency, that is, with respect to desire, erection and ejaculation, has been found in men of seventy and eighty years and over. There is also very conclusive evidence of men of ninety years and upward who have procreated children. An authentic case of spermatozoa in the testicles of a man of ninety-five years of age is recorded by the English physician, Dr. Casper.

In psychic impotence, the trouble is due to some experience in the individual's life which has caused him to lose confidence in his virility, either with respect to some particular woman, or all women. There is no organic basis for his impotence, but a complex or obsessive idea at work below the level of consciousness. He fears, or imagines, he is sexually weak, or there is some sexual taboo present, and this feeling is so pronounced that it dominates his sexual life—although he is usually not aware of the existence of the real cause. Proper psychic treatment is the best, and perhaps only, means of overcoming this trouble.

Sterility. Male sterility may be due (1) to an obstruction in the epididymis, or vas deferens, so that the semen cannot pass through its natural outlet; (2) to lack of spermatozoa, or to spermatozoa of inferior quality (lacking motility); (3) to imperfectly developed or injured testicles; (4) to diseased prostate or seminal vesicles. A frequent cause of male sterility is undoubtedly an obstruction in the seminal ducts—the epididymis or vas deferens—as a result of gonorrhea or other inflammation.

Sterility is sometimes traceable to mumps, or parotitis—inflammation of the parotid gland, near the ear. In the case of mumps in older boys, or men, as sometimes occurs, the testicles usually become inflamed and swell up. Even as a result of mumps in childhood, sterility may occur in adulthood, emphasizing the mysterious relationship between the parotid gland and the sex organs.

Some sterility is obviously incurable, and other types are curable. In any case, it depends upon treating the primary cause, and removing the seat of the trouble, if that be possible.

The principal causes of male sterility may be summed up as follows:

ABSOLUTE AND IRREMEDIABLE STERILITY

Diseases of the central nervous system, and certain constitutional diseases.

Congenital or acquired absence of both testicles.

Atrophy of the testicles.

Complete azoospermia (absence of spermatozoa in semen).

Complete aspermatism (absence of, or inability to ejaculate, semen).

Senile impotence.

Developmental defects of the penis, and acquired deformities of that organ.

Stricture of the urethra.

Oligospermia (deficiency in the secretion of semen).

Nervous or psychic impotence.

Gonorrheal or syphilitic infections.

Prostatitis or inflammation of the prostate gland, may be due to various conditions. Injuries, as by the use of instruments—even when carefully handled—sometimes produce prostatitis. The chief cause, however, is infection—and most frequently the *gonococcus* is the infecting agency. The prostate may also be infected from the lower bowel—*colon bacillus* infection.

Deep-seated gonorrheal infection is generally accompanied by inflammation of the prostate. When the condition becomes chronic, it may later in life develop into an enlargement of the prostate—which is a rather common and sometimes serious trouble in elderly men. Successful handling of prostatitis depends upon absolute rest and hygienic conditions, combined with expert treatment.

Azoospermia—as the absence of spermatozoa in the semen is called—can only be determined by microscopic examination. This condition, therefore, is one which may long remain undetected because the semen may be normal in quantity and the man possess vigorous sexual libido. *Azoospermia* may be either permanent or transitory. Most cases of sterility are undoubtedly due to this condition rather than to impotence or lack of sexual vigor.

Fortunately, less common than *azoospermia* is *aspermatism,* a state in which the man is unable to ejaculate any

semen at all. This condition may be either congenital or acquired. It may be permanent, or transitory—if the latter, lasting usually a few weeks or months. Cases of this kind are due to organic changes in the testicles, diseases of the prostate, processes resulting from gonorrheal infection, or nervous disturbances involving the loss of irritability in the reflex center for ejaculation.

Aspermatism, in the narrow sense of the term—that is, in which there is a total suspension of the activity of all the three glands which combine to secrete the semen, namely, the testicles, the prostate and the seminal vesicles—is, according to Furbringer, probably non-existent. From this theory, the pathological state underlying aspermatism would appear to be the failure to ejaculate the semen, rather than the incapacity to secrete the fluid.

SATYRIASIS

Satyriasis, as insatiable sexual desire in the male is called, is, like *nymphomania*—the corresponding condition in the female—a form of insanity. The cause may be cerebral tumor, epilepsy, or other brain affection. As indicated, it derives its name from the mythological satyr. This condition is entirely different from increased sexual libido, which, while excessive, is still subject to control of the individual. Medical literature contains numerous instances of rape by maniacs of this type on children and aged women, and sexual attacks on animals and even dead bodies. Confinement in a sanitarium or asylum is the only possible treatment for a real case of satyriasis.

MASTURBATION

Masturbation—also called "self-abuse," and the "solitary vice"—is one of the most perplexing problems within

the whole realm of sex. Perhaps it would not be so perplexing if it were not for the many conflicting notions that prevail on the subject, and especially to the traditional and theological influences that have continued in force upon a situation that should be judged from a physiological angle.

The term is sometimes used as a synonym for *onanism,* but as the latter is also used to designate another sexual practice, namely premature withdrawal in coitus (*coitus interruptus*), it is clear that a word which means two quite dissimilar things is unscientific and should not be used in a general sense.

Nevertheless, because of an incident that is described in the Old Testament, added confusion has been thrown upon a subject which could have been more clearly understood if separated from the question of theology. Onanism is derived from the name *Onan,* son of *Judah* and *Shua,* and grandson of *Israel. Onan's* father, according to Genesis (XXXVIII, 8, 9, and 10), wished him to marry his brother's widow and have children by her; but this did not please *Onan.* We shall quote the biblical chronicler:

"And Judah said unto Onan, go in unto thy brother's wife, and perform the duty of a husband's brother unto her, and raise up seed to thy brother.

"And Onan knew that the seed should not be his; and it came to pass, when he went in to his brother's wife, that he spilled it on the ground, lest he should give seed to his brother."

"And the thing which he did was evil in the sight of Jehovah; and he slew him also."

Onanism is, therefore, from the plain statement of the bible itself, not masturbation; and we shall not consider the latter practice at all from the standpoint of theological revelation or ancient dogma, but in the light of the best modern knowledge of the human organism.

We shall consider the subject solely with respect to its effects upon the body and mind. Masturbation is performed by friction of the penis with the hand or against some object. Erotic images of women or female sex organs are frequently associated with the act. A peculiar fact about masturbation is that it does not necessarily depend upon a sexual appetite, as such, but may be acquired quite accidently, as in the case of very young children, or through forming bad habits from contact with undesirable companions.

Small children sometimes acquire the habit from irritation of the genital organs, due to a long prepuce, or pinworms in the lower bowels, etc.

The practice is not by any means confined to the human race. It is prevalent among animals, notably goats, sheep, dogs, stallions, elephants, camels, stags, and especially man's nearest animal relatives, the *simian family*. It is a common occurrence in zoological parks to observe monkeys manipulating the penis.

Masturbation is a universal, as well as an ancient, practice. All races and groups, savage and civilized, seem to be more or less addicted to it, as we learn from the observations of anthropologists.

It is now generally conceded by all modern sexologists that the harrowing results attributed to masturbation by the older school of writers were almost entirely figments of the imagination, stimulated by an unwise zeal. When occasionally very injurious mental results occurred, they were due to the fright and shock sustained from the dire predictions, rather than to masturbation itself.

Probably the worst results are due to over-indulgence in a habit that may be practiced with little difficulty. Thus, it causes a drain on the system of energy that should be constructively used, and influences adversely the tone of the

nervous organism and may retard the development of the body as a whole. This is particularly unfortunate in the case of young, immature boys, as it is apt to interfere with the fullest development of the powers of manhood.

It is also apt to give the one who practices it, if he be sensitive, a feeling of moral guilt, with a tendency to shun the society of other people. Thus, the individual becomes isolated and unadaptive, which is a serious handicap to a young man's career.

Eliminating all ridiculous scares and unwise threats, the right-minded boy or young man will see for himself the desirability of refraining from masturbation. If he has formed the practice, then he will, as a matter of self-respect, and for the good of himself and his future, discontinue it and at the same time cultivate habits that will develop and strengthen his body and character.

The natural tension of the sex organs, which in young manhood is a normal periodic manifestation, will relieve itself more or less automatically in the form of nocturnal, or night, emissions, which have already been discussed in a previous chapter.

In the case of parents or guardians who wish to break the habit of masturbation in children, it is unwise to deal harshly with them when they have been found to practice it. This tends, especially with a sensitive child, to overemphasize the subject in his mind. And it may cause an indelible morbid complex on the matter of sex, which will haunt the individual throughout life. It is better to treat the child gently and explain in a kindly way that the fine manly type of boy, when he understands its significance, will not indulge in this practice after it has been brought to his attention. It is desirable in developing the highest type of manhood, to which all normal boys aspire, not to

handle the sex organs, except in the bath or when urinating, and never to play with or abuse them. The subject should not be over-emphasized in the mind of the child by making masturbation more important than it really is.

With respect to masturbation in fully developed men, who for various reasons are unable to satisfy the sexual impulse in the normal manner, the following observations of well known authorities will be of interest.

Dr. William J. Robinson, in *Sexual Truths,* states: "The evil results of masturbation have been shamefully and stupidly exaggerated. In the vast majority of cases masturbation leads to no disastrous results, and it is better for a man who cannot satisfy his sex instincts naturally to indulge in occasional masturbation than to fight day and night with his thoughts and to use up his strength in mastering his desires."

Sir James Paget, an eminent English surgeon, wrote: "Masturbation does neither more nor less harm than sexual intercourse practiced with the same frequency in the same conditions of general health, age and circumstances."

Another English author, Menzies, is quoted as follows: "Modern, clinical psychology has, for instance, definitely established the fact that autoerotism in one form or another, is a normal and quite universal phase of human development, and not, as used to be thought, an abnormal perversion of the sexual instinct."

Professor August Forel, the famous authority of Zurich, Switzerland, committed himself as follows (*The Sexual Question*): "The effect of moderate masturbation in the adult has been greatly exaggerated, either by confounding the effect with the cause, or for mercenary objects, by driving timid persons to charlatans or to prostitutes."

With regard to the suggestible influences that assert them-

selves in masturbation, we might quote Dr. A. A. Brill, the psychoanalytic authority: "The patients are terrified by reading quack literature, and, I regret to say, by uninformed doctors. They are threatened with paralysis, paresis, consumption of the spine, insanity, etc., *and as a result they become depressed, hypochondriacal and self-conscious.* But as soon as they become convinced that they are not doomed, and that masturbation cannot cause insanity or other dreadful maladies, they soon lose their symptoms. Nor must it be imagined that robbing masturbation of its terrors encourages the practice. On the contrary, I have found that as long as the patients dread it and struggle against it, they masturbate twice as often as when they become convinced that it has none of its supposed terrors."

CHAPTER XIII

VENEREAL DISEASES

Universality of Venereal Diseases—Gonorrhea—the Most Prevalent of Adult Infectious Diseases—Discovery of the Germ, and its Description—Symptoms of the Disease—Infection of Innocent Wives—Effects of Gonorrhea on Women—"Honeymoon Appendicitis"—Gonorrheal Vulvo-vaginitis—Racial Effects of Gonorrhea—Gonorrhea as a Factor in Male Sterility—*Ophthalmia Neonatorum*—Syphilis—Description of its Germ—Symptoms of the Different Stages—Becomes a Constitutional Disease—Ravages of Tertiary Stage—*Locomotor Ataxia* and *Paresis* Among Late Effects—Hereditary Syphilis—May be Cured if Properly Treated in Time—Chancroid or "Soft Sore"—*Gangrenous Balanitis*—Prostitution—Prostitutes Largely Subnormal—Clandestine Prostitution.

Universality of Venereal Diseases. The venereal diseases, of which the most important are gonorrhea and syphilis, are among the most prevalent and universal of all the ailments that afflict mankind. They are highly infectious, exist more or less in every section of the world inhabited by human beings, and are the source of untold misery and far-reaching pernicious results. It is therefore desirable that people should be adequately informed about the characteristics of these maladies.

It is becoming more and more recognized that an open, above-aboard discussion of this subject is the very best safeguard for the moral and physical health of young manhood and young womanhood. People are less apt to make mistakes when they understand conditions as they exist; and in the event of making a mistake, they are better able to rectify the error if they have a clear insight into the problems in which they are involved.

There has been a tremendous amount of ignorance, and

what may be called misinformation right down to the present time regarding the venereal diseases. By this, I mean there have been great numbers of people who knew practically nothing about these diseases, which often became a calamity when they were contracted, whether innocently or otherwise. Then there have been many others, particularly young men, who knew a great deal about these afflictions that *was not so*. This state of mind was sometimes as mischievous as when almost nothing was known.

In the not remote past these ailments have had applied to them the vague term "social diseases," and also "unmentionable diseases." The latter designation has certain implications which cast a glamour of romance over the situation. Anything "unmentionable," of course, must be interesting. This has been characteristic of our traditional policy of dealing with the sex question. As a matter of fact, anything relating to sexual phenomena has been "unmentionable"; hence the morbid and unhealthy interest that has been shown in the subject, in contrast to a real understanding of it.

GONORRHEA

Gonorrhea is said to be the most prevalent of all adult infectious diseases. Only measles is more common, and as this is a children's disease, the extent of the problem will be realized when we consider that gonorrhea, upon excellent authority, holds the premier position of frequency among adults. But far from being a disease that is soon over, like measles, gonorrhea sometimes leaves far-reaching after-effects—chronic suffering, rheumatism, heart disease, blindness, sterility, unsexing operations on women, and other disabilities.

Before the year 1879, when Albert Neisser, a German scientist, isolated the gonorrheal germ—*gonococcus*—the symptoms of gonorrhea and syphilis were widely confused, even by the medical profession. This was due to the fact that many sufferers from gonorrhea also had syphilis, and the characteristic symptoms of the latter were associated with the gonorrheal infection.

As an illustration of this, in the year 1767, John Hunter, a daring English surgeon, experimented upon himself by taking some discharge from a man with gonorrhea and putting it under his own skin. The man had syphilis as well as gonorrhea, and Dr. Hunter, in due time breaking out with syphilis, naturally concluded the diseases were identical. This confusion prevailed more or less down to the time of Professor Neisser's discovery.

The microbe of gonorrhea belongs to the *coccus* group of bacteria, in which the organism is not rod-like, as are *bacilli,* but rounded; hence known as *gonococcus* ("kokkos" is Greek for berry). The *gonococcus,* as well as bacteria of most other infectious diseases, such as tuberculosis, cholera, plague, typhoid fever, etc., is a one-celled plant or vegetable organism.

The germ of syphilis, on the other hand—the *spirochæta pallida,* or *treponema pallidum*—like that of malaria, is a protozoon, or one-celled animal organism.

Gonorrhea, vulgarly called "the clap," "a dose," etc., is a very ancient disease, and if less disastrous in its effects than syphilis, it is to be regarded seriously. The old saying of a generation or so ago that "gonorrhea is no worse than a bad cold," is now thoroughly discredited.

If the disease gets a start and becomes enmeshed in the complicated passages and tissues of the genital regions, then only by thorough and prolonged treatment will the danger

of infecting others be overcome. In fact, under these circumstances, it is often difficult to determine whether or not all seats of infection have been eradicated. There may be long periods of latency, which in rare cases may be years in duration, and then when the vitality becomes low, reducing the constitutional resistance, the old and perhaps forgotten disease will break out again and become active. In this way the contagium may be passed on unwittingly before the individual realizes he has suffered a relapse.

Infection of Innocent Wives. Many men, thinking themselves cured and then marrying, have later infected their wives. This sometimes results in bitter recriminations as well as physical suffering from the disease. It may happen that a man will in this way infect his wife, without experiencing any symptom himself, and she in turn will pass on to him an active or virulent case of gonorrhea. Many a woman has thus been unjustly accused of having contracted the disease before marriage, or of being guilty of infidelity after marriage, and picking up the infection in this way.

While the usual source of infection is in the sexual act, it may be acquired by handling or coming in contact with an object which has been used a short time before by a diseased individual. As the mucous membranes are the primary seats of infection, gonorrhea may be acquired not only in the sex organs, but in other parts of the body where the mucous membranes are exposed. The eye is particularly susceptible if the germs are carried to that organ, and acute inflammation or even blindness may result.

Carelessness on the part of attendants in hospitals, asylums, etc., particularly institutions where young children are lodged, sometimes results in an epidemic of genital gonorrhea. It may start by the use of an infected sponge

or syringe, and the discharge from one individual is then carried on bed sheets and clothes or by personal contact to others.

The first symptoms usually assert themselves within three to five days after contact with the germs, although it may be a week or two. There is first an itching and a sensation of warmth in the opening of the urethra or urinary channel. A scalding or burning sensation upon urination soon follows. This is followed by a discharge, at first thin and watery. It later becomes thick, yellowish or greenish, and in severe cases streaked with blood.

As the disease travels back into the urinary canal and inflames the tissues of the internal genital regions, the pain on passage of urine becomes intense, sometimes causing the sufferer to faint with the agony. Male patients are frequently disturbed in sleep by the penis becoming hard, bent and painful.

In ten days to two weeks, the more outstanding of these symptoms usually subside, and are no longer painful. However, the discharge still continues, but in a month or six weeks becomes thin and watery again. In the course of time, it disappears entirely, or else keeps up indefinitely in the form of a thin, milky fluid, called "gleet."

A not unusual result of gonorrhea in the male is known as "stricture," of varying degrees of intensity. This is caused by a contraction of the diseased urethra. As a result of the inflammation, little scars form, further closing up the urinary channel, so that it becomes increasingly difficult to urinate. Perhaps the urine may come drop by drop, or there may be a complete stoppage of the passage. As the bladder grows more and more congested, and causing agonizing pain, it will, if not emptied, burst into the abdomen. When treated in time, the contracting channel can

generally be stretched by the use of instruments in the hands of a competent physician. If the condition gets out of hand, however, it becomes necessary to use a knife and cut through the obstruction.

Effects of Gonorrhea on Women. Gonorrhea has been more harmful to woman individually than to man because she has been without the means of knowing its nature, and therefore has almost always received tardy attention to the disease. And delay in recourse to proper treatment has enabled the infection to get a grip on the woman, when if taken in hand at the inception, it could have been treated more effectively.

It is also of a more serious nature in woman because of the physiological complications of her sexual organs. It is true that it is often more painful in man at the acute stages, on account of the small channel of the urethra, which is the principal seat of infection in the male. The pain is usually associated with the difficulty in urination as well as from the inflammation.

In woman, however, the urethra is less apt to be a serious factor of disturbance. The seats of infection are the vagina, the uterus, and the Fallopian tubes. If the disease is confined to the vagina, it is not so serious because that part is readily accessible to douching with antiseptic solutions and to hygienic treatment generally, which is effective in fighting the *gonococci*.

When the germs get into the uterus, and thence into the Fallopian tubes, there is always more or less danger. This condition is a frequent cause of operations on the genital regions of women, which so often results in complete sterility, and sometimes unsexing them altogether by reason of the removal of much of the genitalia.

One of the peculiarities of the disease is that it may either

be exceedingly virulent or extremely mild. Fortunately for them, many women have the disease in so mild a form that they are but little inconvenienced, probably not enough to seek medical attention, and have not realized that they were infected with the germs of a destructive disease.

In cases of this kind, however, when the disease may be said to be latent, the woman is quite capable of infecting others. While she does not suffer herself, she is a "carrier" and may give a virulent case of gonorrhea to anyone whom she infects, either in sexual congress or by spreading the germs on bed-clothes, sponges, towels, syringes, etc. It is a good rule never to borrow or lend syringes, sponges, or other objects which may be used around the sexual organs; or if this is unavoidable in an exceptional case, then the article should be carefully and thoroughly sterilized, to kill any disease-laden germs that may be about it.

When the active gonorrheal infection reaches the tubes it produces an inflammation that is not unlike an attack of appendicitis. It may, of course, occur on the left side as well as on the right. Many an operation, ostensibly for appendicitis, has been due to this cause. As it sometimes happens shortly after marriage, some cynic has injected a bit of irony into the situation by calling it "honeymoon appendicitis."

Noeggerath, a famous authority, who first called attention to the significance of gonorrhea as a special problem among women, estimated that from 80 to 90 per cent of pelvic inflammatory disorders, and 50 per cent of complete and "one-child" sterility in women, were due to gonorrhea. And there are few gynecologists (specialists in the genital diseases of women) who will seriously question Noeggerath's statement.

When the Fallopian tubes become infected, pus forms

as a result of the inflammation. Thus the tube is usually closed, and if this occurs in both tubes the woman is sterile. When the collection of pus seals both ends of the tubes, forming "pus tubes," a chronic inflammation usually ensues which may require an operation to remove the diseased parts.

It is not rare for the disease to spread outside the reproductive system, and into the adjoining abdominal cavity. When infection reaches these parts, it is called *peritonitis,* meaning an inflammation of the lining of the abdominal cavity. This is a very grave complication. Not all cases of peritonitis, however, are of gonorrheal origin. Inflammation of the peritoneum, from any cause, is called peritonitis.

In the case of a woman with latent gonorrhea, pregnancy greatly increases the danger of spreading the infection and exaggerates the symptoms. Also during the time of labor, if the parts are torn or lacerated, the germs get a fresh start and may become active.

Gonorrheal Vulvo-vaginitis. The effect of gonorrheal inflammation on little girls is especially virulent. Dr. John H. Stokes,[1] a noted authority, may be quoted to give an idea of its ravages:

"Gonorrheal vulvo-vaginitis is an elaborate Latin and Greek name for one of the most pathetic of all the tragedies to which womankind is subjected by this disease. Little girl children for some reason are extremely susceptible to the *gonococcus.* If it is deposited upon the external genitals from the fingers of a nurse, from a soiled or infected diaper, from an infected toilet seat or bed-pan, or in the passage of the child through its mother's birth-canal, it sets up immediately a gonorrheal inflammation which, however, rarely extends up in the genital

[1] *Today's World Problem in Disease Prevention,* p. 42. Washington, D. C., 1918.

tract as in the adult woman. Its usual duration even under skilled treatment is years instead of months. No child having it should be allowed to leave an isolation hospital, for it is extremely contagious. It spells the end of the child's education unless there happens to be special classes held for such cases, as in some of the larger hospitals, since no child with it should be in school."

Racial Effects of Gonorrhea. But as far-reaching as are the possible results of gonorrheal infection to the individual sufferer, the racial effects are even more serious. Dr. Prince A. Morrow, one of the pioneers in the great progressive campaign to deal in a sane, rational way with the venereal diseases, and the father of our organized sex educational movement, had this to say on the subject:

"The racial danger of gonococcus infection is especially manifest in its sterilizing influence upon the procreative capacity of both men and women. Statistics show that fifty per cent. of infected women are rendered permanently and irremediably sterile. The proportion of non-premeditated childless marriages, due to the husband's incapacity from this cause, is estimated at from seventeen to twenty-five per cent. 'One-child sterility,' as it is termed, where one child represents the total productiveness of the family, is in many instances traceable to this infection. In addition, it is a frequent cause of abortion. Contrary to the popular view, much of the sterility in married life is from incapacity and not from choice."

Dr. John H. Stokes expressed himself in the following manner:

"Gonorrhea in women is the most embittering and tragic aspect of the disease. The overwhelming proportion of infections are innocent. A man has a chance, at least, to

know what ails him. The woman, in the existing state of popular and medical sentiment, is lied to at every turn of the way. Gonorrhea is usually a serious enough disease in men. In women it may be a disaster. Gonorrhea is usually curable in men. In women, while the disease, if taken in time, is curable, the problem is much more difficult. In women in general, gonorrhea may run, on the one hand, a course so mild that although virulently infectious, the woman may never realize she has the disease; on the other hand, it may reduce her almost at once to a pitiable invalidism, or cost her her life."

Gonorrhea as a Factor in Male Sterility. That gonorrhea in the male has a deleterious influence upon the fertilizing quality of the semen, and therefore is an important factor in masculine sterility, is now an established fact.

With respect to azoospermia as a consequence of gonorrhea, Furbringer, as a result of the examination of numerous cases, laid down the proposition that when epididymitis (inflammation of the epididymis or inflammation of the spermatic cord) had been observed to occur in this connection, the probability that the patient would be an azoospermatist was expressed in the ratio of 9:1.

Gosselin, as early as 1853, was the first to point out the serious consequences to man's future generative powers which are entailed by an attack of gonorrhea, followed by epididymitis. He maintained that the inflammation might lead to obliteration of the spermatic channels, whereby the secretion of the testicles is prevented from mixing with the secretions of the prostate, Cowper's glands, and the seminal vesicles. Hence, the ejaculated semen would be lacking in its principal normal constituent—the spermatozoa. Furthermore, that in such cases, either in the epididymis or in the

vas deferens, some relic of the former inflammation is usually to be detected, and this represents the seat of strangulation of the excretory duct of the testicle.

Subsequent investigations conducted by Seeligmann and others have shown that in cases of gonorrheal epididymitis, in addition to the inflammation of the epididymis, harm is done to the extensive system of lymphatic vessels which pass through the spermatic cord from the testicle. The changes left in the blood and lymphatic vessels by the inflammation result in the testicle being thereafter imperfectly nourished, and often leading to impairment of the functions of this organ. Thus, the deficiency of spermatozoa so frequently resulting from gonorrheal epididymitis is not always due to a complete obliteration of the vas deferens by the inflammation, but in many instances to the functional derangement of the testicle and its impoverishment brought about in the manner described.

Ophthalmia Neonatorum. As previously stated, the mucous membrane of the eyelids is extremely susceptible to gonorrheal infection. As a result many babies have suffered from *ophthalmia neonatorum*—inflammation of the eyes, and finally lost their sight from infection contracted while being born. In the process of birth, the laceration of the mother's flesh in the genital regions has stirred up old latent or inactive seats of infection, conveying the germs to the baby's eyes. The baby may also be infected shortly after birth from contact with towels, or other objects.

The part attacked is the *conjunctiva,* the membrane which lines the inside of the eyelids and the front part of the eyeball. It is estimated that upwards of 70 per cent of all cases of ophthalmia neonatorum are of gonorrheal origin. The foredooming of a child to blindness is a terrible calamity. Happily, however, this can be prevented at the outset by

the use of a 1 per cent solution of silver nitrate, which is dropped into the baby's eyes immediately after birth. In the majority of civilized countries, it is now legally required of doctors, nurses and midwives that they observe this precaution in every instance, and take no chances by assuming there is no danger of infection in any given case.

SYPHILIS

Syphilis is the second great venereal scourge from the standpoint of frequency. Considering it in the matter of results, it is more devastating than gonorrhea, particularly to the race. It is sometimes colloquially referred to as "blood disease," "the pox," "syph," etc. Because of the confusion of symptoms with those of gonorrhea, largely on account of the coincidence of the two diseases, it is not known when syphilis first made its appearance among mankind. One school of authorities traces it back in history to very ancient times; while another maintains that it was introduced into Europe at the end of the fifteenth century.[1]

While both groups produce interesting data to sustain their contentions, it seems certain that the disease now known as syphilis broke out in Europe in epidemic form, spreading throughout many countries, shortly after Columbus returned from his first voyage to the West Indies in 1493. In the following year, the new (?) disease ravaged Spain and Italy. The prevalent belief therefore was that syphilis had been imported into Europe by the crew of Columbus.

In 1495 the disease attacked France and Germany; in 1496 it invaded Holland and Greece; in 1497 it found its way into England and Scotland, and in 1499 it raged in Russia and Hungary.

[1] See *"Sanity In Sex,"* by William J. Fielding. Pp. 36–40. Dodd, Mead & Co., 1920.

When Charles VIII of France returned to Paris from Italy in 1495, his soldiers brought with them the "Neapolitan disease," as they called it for the want of a better name. It spread so swiftly in France that it soon became known as the "French disease," which term clung to it for a long time. Both of these designations were used by Shakespeare [1] in referring to the affliction.

The germ of syphilis was identified in 1905 by Fritz Schaudinn, a gifted young zoölogist of Germany, who had done notable research work with microscopic forms of animal life. He was aided in his investigations by Dr. Eric Hoffmann, a well-known syphilologist of Bonn.

The microbe of syphilis, as we have observed, is an extremely small animal organism, or *protozoon*. From its pale and spiral characteristics it is termed the *spirochæta pallida*. Another of its technical names is *treponema pallidum*.

Syphilis is highly infectious. There must be actual contact between the exudation of a sufferer, wherein the germ is present, and the skin or mucous membrane of the person contracting the disease. The contact, however, may be indirect. The contagium may be acquired from a contaminated object instead of by actual contact with the infected person.

In all cases, apparently, of both direct and indirect contact, the germ, in order to infect, must enter one's system through a breach of the skin or the mucous membrane. In the former case, however, the breach in the surface of the skin may be so slight that the individual is unaware of its existence.

Most cases of direct contagion are undoubtedly of sexual origin; but the disease is also disseminated in numerous

[1] Sir Malcolm Morris, "*The Nation's Health*," p. 15.

other ways, such as by nurses who suckle syphilitic infants, and physicians, nurses and midwives who handle syphilitic patients and unknowingly contract the disease and sometimes pass it along to others, perhaps to members of their own family.

Many cases of syphilitic contagion from kissing are recorded. A man may have a syphilitic sore on his lip and, not knowing its nature or infectious character, kiss his sweetheart or wife or child, and if there should be a tiny crack or abrasion on the lip of the person kissed, the disease may be communicated.

Among the prominent mediums of indirect contagion are public towels, drinking cups, wash basins, toilets, brushes and combs, forks and spoons, wind instruments, pipes, razors, and similar objects. The desirability of avoiding contact with publicly used articles of this sort is therefore obvious.

When infection takes place, excepting in hereditary syphilis, no matter how, the disease follows much the same course, unless prompt and effective treatment cuts it short. At the seat of infection, after a lapse of from three to six weeks, more or less—known as the incubation period—a sore appears. This is called the primary sore, or hard chancre, to distinguish it from the lesion of soft chancre. It is not usually painful, and its nature may not at first be suspected. As it generally has a hard base, it may be slow to heal, and the nearest lymph-glands become sore and swollen. After some days or a few weeks, the primary sore usually heals; but in some cases it ulcerates, and when it does, notwithstanding diligent treatment, considerable destruction of tissue may result.

If the disease is left untreated at this stage, or is ineffectually treated, the second stage follows. This makes its appearance a few weeks after the primary sore, in the form of

a skin rash. It may imitate almost any known form of skin disease, and it is therefore often confused with other disorders. As the disease is now constitutional, and spread throughout the body, it affects the lymphatic glands, causing them to swell, producing inflammatory affections of the bones and joints, and of the arteries, nervous system, and the eyes, etc.

This is a stage when the patient is liable to infect others by contact with the saliva, secretions, mucus or blood from any part of the body, as his system is rampant with the active germs. In the primary stage, it is only the sore that is infectious.

The tertiary (third) stage may not come about for several, and sometimes many, years. By this time, the subject may have long since believed himself cured, so a diagnosis of syphilis will be a shocking surprise to him. Among the symptoms at this stage is a process of slow inflammation, resulting in the formation of swellings (gummata) on the skin and mucous membranes, the bones, the nerves and any of the organs.

Ravages of Tertiary Stage. It is extremely difficult to say just when a person who has had the disease is entirely free from its virus and without danger of possible future effects, although every case can be rendered non-infectious to others. Only a series of careful tests and a considerable period of observation by a competent physician or specialist will be able to furnish satisfactory assurance.

Among the ravages of the third stage are decay of the bones (the bridge of the nose is a favorite point of attack, but it may strike anywhere); diseases of the internal organs, such as the heart, lungs, liver or any other of the viscera; eye diseases, particularly of the iris and retina; tumors (or gummata) in the brain, paralysis, etc. A disease of the

blood vessels, causing them to become hard and brittle, called *atheroma,* is among the more common after-effects. Sir William Osler, the famous physician, once wrote: "On no system does the virus of the disease fall with greater intensity in all its stages than on the blood vessels; it is safe to say that through the arteries syphilis kills more than through any other means."

Whereas the lesions of the secondary period tend after a time to spontaneous healing, those of the tertiary stage are more chronic and tenacious, and yield less readily to remedial treatment. The damage done to the bodily structures at this time, even if the syphilitic germ is finally conquered, is quite permanent.

Dr. Morrow, who had wide experience in the observation and treatment of syphilis, expressed himself as follows in regard to its hereditary traits:

"Syphilis is the only disease transmitted to the offspring in full virulence, killing them off outright or blighting their normal development. When the father alone is infected the mortality is about thirty-eight per cent. When the mother also becomes infected the mortality averages from sixty to eighty per cent. Fully one-third of all infected children die within the first six months. Affections of the liver and of the central nervous system figure largely in the causes of mortality. Many of them die from native debility and inaptitude for life, a lack of what may be termed biologic capital. Many of them succumb to slight causes of disease, or die without apparent cause.

"The influence of syphilitic heredity is manifest not only in a defective organization, in lack of vitality, but also in an incapacity of resistance against the germs of disease and inability to recover from its effects. Such children are sickly, constantly requiring medical attention. . . . The final result of hereditary syphilis is the inability to procreate healthy children.

If the subject of inherited syphilis grows up and marries he is liable to transmit the same class of organic defects to the third generation."

Among the most terrible results of syphilis are *locomotor ataxia* (sclerosis of the posterior columns of the spinal cord), which is accompanied by lightning pains and paralysis of the legs and arms; and general paralysis of the insane (*paresis,* or softening of the brain). Both of these conditions are progressive, and when established, incurable, because important tissue has already been destroyed.

Paresis is characterized by a gradual atrophy of the brain cells, which causes a successive loss of sensations, motive power and finally all the mental faculties. Some authorities maintain that virtually all cases of locomotor ataxia and paresis are the result of syphilis. A pathetic feature of these forms of paralysis is that they occur many years after the original infections, usually from ten to fifteen or twenty years, and the victim may have long since thought himself cured of the syphilitic disease.

Before the sufferer of paresis, or general paralysis of the insane, reaches the point where he loses the sensorial and motive faculties, he may give evidence of grandiose ideas and eccentricities. This is the beginning of the disintegration which makes a complete wreck of the personality.

As the early stages of syphilis are comparatively free from pain, and as the usual symptoms may be taken for those of some other disorder, it is quite possible for an infected person—particularly if infected by non-sexual means—to be unaware of having the disease.

It is something of a paradox that, while syphilis is considered a much more terrible and destructive disease than gonorrhea, it does not cause woman nearly so much pain

and suffering as the latter. It runs a milder course in woman than it does in man.

Syphilis, however, strikes hard at the race through heredity, and while the woman as an individual may not suffer the agonies that she does when infected with gonorrhea, she only too often suffers untold mental torture on account of the afflictions of her offspring.

Syphilis is the principal cause of "still-births." After all, this is often the most fortunate fate that can happen to the infant with the hereditary taint of syphilis. It is also a prolific cause of miscarriage and sterility.

If the child is born alive, the disease is quickly evidenced by "sniffles," caused by the nose being stopped up by a thin discharge. A copper colored eruption of the skin is also characteristic, with involvements in the bones, joints and eyes.

The extent to which the ravages of hereditary syphilis may afflict the baby beggars description. In fact, it runs all the wide range from apparently mild forms to extremes that are heart-rending. What a contrast to the normal, healthy baby —a bright, sweet, rosy-cheeked cherub, whose every look and movement makes a picture that wins the love and admiration of everyone!

But the pitiable syphilitic baby! To say the least, it is revolting to look upon, and in contemplating its unhappy future, one cannot but feel that it would have been far better had it never assumed the torturous task of living.

Less common is what is known as "tardy" hereditary syphilis, which usually manifests itself before puberty, but may be long delayed, even up to early adulthood.

A syphilitic man may transmit the disease to his children without infecting his wife. The germ has poisoned the

male protoplasm, and so infects the new-evolving life from the start. Syphilis is the most hereditary of all diseases. A child affected with congenital syphilis (from the father) may infect the mother during pregnancy. This is called "syphilis by conception."

Fortunately, there is a constructive side to the subject of syphilis, and that is, the disease responds to the most approved methods of modern treatment. When an individual experiences the very first symptoms of syphilis, or even suspects that he has been exposed to it, no time should be lost in undergoing thorough treatment and continuing it until there is no reasonable doubt that the disease has been driven from the system.

Immense strides have been made in the therapeutics of syphilis since 1910, when Paul Ehrlich, the famous synthetic chemist of Frankfort, made available his preparation of salvarsan,[1] colloquially known as "606"—an arsenical compound to destroy the *spirochæta,* without injuring the tissues of its human host. Further experiments resulted in an improved formula—said to be experiment No. 914 of the series—known as neo-salvarsan, less toxic and simpler to administer than the original. During the World War, when Dr. Ehrlich's preparation was unobtainable on account of the isolation of Germany, chemists of the Allied countries produced equivalents or substitutes in neo-kharsivan, novo-arsenobenzol, and galyl.

The Wassermann reaction, or test, for diagnostic purposes (formulated in 1907), while not infallible, has proven an invaluable aid in the treatment of syphilis, by indicating whether or not the disease is active, and therefore com-

[1] Now often referred to as *arsphenamine;* and the improved formula as *neo-arsphenamine.*

municable. In conjunction with clinical signs, it enables the syphilologist to determine when treatment may safely be suspended. And by resorting to it from time to time, it can be ascertained whether the disease remains inactive or requires the resumption of treatment.

Persons should particularly refrain from marriage while there is any evidence of the disease. There is not only the possibility of infecting the spouse—although the disease becomes less subject to direct infection from personal contact well after the second stage has passed—but also the more serious one of passing it on to another generation, with the possible results to the progeny that have been described.

A person who has once had syphilis should by all means receive the assurance of a competent physician, after satisfactory tests have been made, that he or she may safely marry.

This general information is given in hope, particularly, that it will help and guide the young woman in her decisions. While she should avoid marriage with a man who has not led a clean and wholesome life, she should however not permit herself to become obsessed with syphiliphobia—that is, a morbid fear of syphilis—a fear which has plagued and embittered the life of many a woman (and man, too) who has learned something of the pathology of venereal diseases, and apparently forgotten that healthy people still continue to exist.

There are clean-living, wholesome men in every community. And as men become better informed of the meaning of rational sex ethics and personal hygiene, there will be fewer among them who will risk ruining a young woman's life and happiness by asking her to marry him if he is not healthy and free from disease.

CHANCROID OR "SOFT SORE"

A third and less serious venereal disease is *chancroid,* or soft sore (also called "soft chancre"). The sore resembles that of syphilis somewhat, except that, as the name implies, it is soft instead of hard as in syphilis. Furthermore, whereas the germ of syphilis is an animal organism, that of the chancroid is a vegetable organism, but, unlike that of gonorrhea, is rod-shaped. It was isolated by a French physician toward the end of the nineteenth century.

The sores are produced by personal contact with an infected individual and appear in a few days after the contact. Very small abscesses are the first evidence of infection. When these burst, they leave small sores with ragged edges and a yellow discharge. The sores are more or less painful. The most accurate way, technically, of distinguishing them from the hard chancre of syphilis is by means of microscopic observation, which shows in the former case the vegetable organsim.

As it is purely a local affair, the blood is not infected, nor are the organs or tissues of the body poisoned. When the sore heals, the trouble is over, although in the meantime abscesses may form in either one or both groins, which are extremely painful and may have to be lanced.

BALANITIS

A more uncommon type of venereal disease is *balanitis,* or *gangrenous balanitis.* It has only been recognized in more recent years. It also is caused by a vegetable germ—a curved rod with pointed ends. It invariably attacks men with long foreskins after cohabitating with diseased women. Small, white sores first form. These gradually increase in

size, and are characterized by a profuse, foul discharge. Occasionally, they heal, but more frequently mortification sets in and spreads rapidly. When this happens, considerable destruction of tissue ensues within a very short time. Either the foreskin is eaten away, or the head of the penis, or even the whole organ. With all this destruction there is little inflammation or fever. The treatment is principally to stop the spread of the disease, which is accomplished by slitting the foreskin to allow free access to air, and otherwise employing hygienic methods. This miserable, but comparatively rare, malady is primarily a "filth" disease.

After reviewing the venereal diseases and showing the far-reaching results that may attend the most prevalent of them, if inadequately or improperly treated, it should be stated most emphatically that, *if taken in hand promptly,* they can be cured in practically all cases. The therapeutics of the venereal diseases are now highly developed and efficacious, and while time and patience are always required, the victim of any of these diseases should *at once* seek the advice of a competent physician. By all means the venereal trafficking quack should be avoided, and if a young man, through misunderstanding finds himself a "patient" of one of this clan, he should drop him as soon as he discovers his mistake.

PROSTITUTION

The close connection between venereal diseases and prostitution warrants some brief comment in regard to the latter.

Great Antiquity. Prostitution in various forms dates back to the dawn of human history. It is therefore deeply bound up with the traditions of mankind, and involves many very complex problems—social, economic, psychological, pathological, and others.

The practice of prostitution has wrought incalculable havoc. It is fortunate that the more enlightened public attitude of recent years has permitted some open discussion of the causes of prostitution and the means by which its ranks are kept recruited. This gives young people, and particularly unprotected girls, an opportunity better to understand the sinister forces that dominate the traffic, and has exposed many of the subtle tricks that lead to its perilous trails.

The ranks of prostitution must necessarily be refilled continually, and the supply has come principally from the poor and unfortunate, and almost always from the ignorant, unprotected and mentally subnormal. Most prostitutes are of low culture and inferior intelligence.

Poverty has always been recognized as favorable to the cause of prostitution, because the daughter of poverty is exposed to many temptations, hardships and deprivations—not to speak of the state of ignorance which so often is fostered in the environment of want—which her better protected and more enlightened sister escapes.

As a large proportion of prostitutes are subnormal mentally, some may be callous to the degradation they have undergone; others of finer mental fibre and more sensitive nature, who have been lured into the life, or dragged into it by the force of circumstances stronger than they, seek respite in intoxicants and drugs.

Because of the high death rate from the destructive ravages of venereal and other degenerative diseases, such as tuberculosis, new recruits must be obtained constantly from the ignorant, the betrayed, the seduced and misguided girls far and wide.

Two things have helped to discourage—although they have by no means eradicated—this activity. One of these

factors is the general tendency to eliminate the officially recognized, segregated districts in the principal cities. The other factor is the more enlightened state of mind of girls and women regarding the methods of organized vice and the pitfalls that lead to it.

To pursue their nefarious practices in greater safety and with increased profit, the shameless procurers of women carry on an internationally organized traffic, transporting ignorant girls from one country to another, often to distant parts of the world, for the enforced practice of prostitution.

These girls, usually led to believe they are crossing the seas to marry, or to obtain honest employment as domestics or workers in other capacities, quickly find themselves engulfed in a hopeless mire of corruption. As friendless aliens, ignorant of the language and customs of the country, they are utterly helpless to defend themselves or obtain relief. They can only submit, or escape their pitiable existence through suicide, which course is not infrequently taken.

These practices are well known to all who have given the subject of prostitution even casual study. They are referred to here to indicate the lengths to which conscienceless scoundrels will go to barter in womanhood.

It should be unnecessary to impress the sensible girl or young woman with the importance of avoiding confidences with chance acquaintances. Only too often, an apparently innocent and pleasant invitation from an agreeable mannered stranger has proven to be the mask for an ulterior purpose.

Clandestine Prostitution. The clandestine—or occasional prostitute—is one who sells sexual favors to supplement her regular means of livelihood. The girl, always really uninformed and irresponsible, who takes this course can scarcely avoid, sooner or later, becoming diseased, and

loss of health and such superficial attractiveness as she may possess soon follows. The clandestine, when she loses her freshness and bloom, following the line of least resistance, often drifts into the ranks of the regular prostitutes.

CHAPTER XIV

THE PARENT AND THE CHILD

Education Begins at Birth—Child Normally Looks First to Parents for Information—Sex Education Should Be Part of Child's General Education—Never Unduly Emphasized—Answering the Question: "Where Do Babies Come From?"—The Meaning of Education in Its Broad Sense—Tyranny of Excessive Affection—Personality of Child Should be Developed, not Stifled—Psychic Re-education—Curiosity of the Small Child—Special Problems of the Boy—Puberty—Secondary Sexual Characteristics—Physical Changes—Mental Changes—Sexual Development at Puberty—Night Emissions—Masturbation—Preparing for Manhood—Special Problems of the Girl—The Need of Self-Knowledge—Adolescence—Physical Changes—Mental Changes—Other Problems of the Sexual Life.

Education Begins at Birth. The question is often asked, "At what age should the boy or girl be told the facts of sex?" The answer to this is that there is no set questionnaire that can be made out and handed to the child at a specific age.

Sex education, properly, is a part of an individual's general education. And education begins at birth. When the parents have accepted a rational attitude on the problems of sex, and in matters relating to the continuance of life, the subject assumes at the very beginning its proper relation with the general facts of experience.

In this chapter, I shall talk about the child and to him, and also to the parents, as it is written for the mutual interest and help of both. Sometimes I shall put myself in the place of the child. This is rather an easy matter, as it seems but yesterday when I was one myself, groping with

the great puzzling problems that are common to all boys, and with practically no source of enlightenment.

And then, again, I shall talk as a parent to a parent, as well as a parent to a child. This is also perfectly natural, because I speak while writing these lines as the father of a boy at the age of puberty.

Puberty and adolescence are in many respects the most difficult periods of one's life. Together they represent, not only the turning point from childhood to adulthood, but they involve very complex psychological changes, or changes in one's mental attitudes toward many intimate personal and vital things, with all the emotional reactions that this situation implies.

The persons to whom the child normally looks first for information are its parents. In the very early years, the mother is, of course, its constant attendant and the first source of information, as well as the medium for the fulfilment of its material wants and spiritual solace.

The wise mother will make the road of life easier for herself and for her child if she will at the beginning adopt the rôle of confidante and guide. As the infant will look to her expectantly for the satisfaction of the needs of babyhood, so the toddling child will first come to her for a simple solution of the puzzling questions that face it at every hand. These questions should always be answered simply and directly, in terms suitable to the age and comprehension of the child.

The answer to the question *When?* therefore, is: "Sex education should be a part of the child's general education, beginning at birth." It should never be unduly emphasized, so as to give it an exaggerated importance, out of its true relation to the other normal facts of life; nor should it by any means be ignored or slighted. The best way is to be

frank and honest and matter-of-fact in answering any question that may come up concerning a matter relating to sex.

If this policy is pursued from the beginning, then there is laid the foundation for a rational, sane attitude on the subject of sex. A child with this start is favored with a sound, healthy mental asset, which will save it from innumerable tormenting doubts, blighting fears, and often untold misery.

In the case of the boy, as he grows a little older, the father comes more into his life, and becomes, or should become, increasingly his confidant and companion. This relationship between father and son, breaking away from the old-time, formal attitude of the mighty (almost the Almighty) and the lowly, and assuming a social and spiritual equality and comradeship is the greatest joy alike of fatherhood and boyhood.

Happily, when we get straight on this subject and in the right frame of mind, the very problems present their own solution. The fact that questions should be answered honestly and candidly, automatically eliminates the embarrassing necessity of inventing all sorts of fantastic lies, or of resorting to such ridiculous ready-made fictions as the "stork" story.

"Where do Babies Come From?" As an illustration, perhaps the question that throws consternation into the hearts of most conventional-minded parents is: "Where do babies come from?" This question is asked at some time or other by practically every child, and often at a very early age, even before three or four years of age. The question is a very natural one to ask. It is often prompted by the arrival of a new baby in the household, or in the home of a relative or neighbor.

It is, of course, desirable that the simple questions re-

lating to sexual phenomena be answered plainly even before this stage. Thus, the answering of this question truthfully is merely a detail in the routine of the child's day-by-day education.

If the subject of sex education has never been seriously considered before, however, this is a good time to begin. Do not delay it. The child is seeking legitimate information from the proper source. Do not disappoint him.

It seems that nature has so constituted us mentally that she wishes us to become acquainted in good time with this subject; so every normal child shows a natural curiosity in this direction in the very early years of its life. Of course, in the great majority of cases, this healthy curiosity is promptly suppressed, either by evasive answers, outright untruthfulness in replying, or even, on the part of more ignorant parents, chastisement.

The trait of curiosity is the most valuable gift a child can have. It is responsible for the impulse to learn, to seek, to find out about things. Of course, if the child discovers—which it readily does—that its questions, or other evidences of curiosity in regard to a certain class of phenomena, are considered *improper,* and therefore forbidden, it must pursue a different course, which may have anything but a wholesome influence upon its life.

From the moment this attitude is impressed upon the child, whether the impression is given abruptly and comes as a shock, or whether it comes more subtly, he ordinarily does one of two things. First, he no longer looks confidently to his parents for the most vital information about matters concerning his life and about life in general. Thus, a point of contact is broken, and a confidence shattered, which in most cases will never be pieced together again. Parent and child are separated by a widening gulf of misunder-

standing. The child no longer wholly trusts its parents.

Secondly, while the open, direct and natural method of seeking information has been frustrated, the curiosity has not been allayed. Instead, it has been driven into underground channels. The child will now seek its information from equally uninformed playmates, or worse still, from evil-minded older boys, who place all manifestations of sex in the privileged sphere of embellished smut.

Furthermore, the implication of impropriety which the matter-of-fact question brought forth in the evasive attitude, leads to an over-emphasis of the subject in the mind of the unsatisfied inquirer. It will have no longer a matter-of-fact basis, but there will hang about it a mantle of alluring mystery, made the more secretly attractive because it is forbidden.

The best answer to the question of, Where do babies come from? is: "They grow from a tiny seed, very much the same as everything living has its beginning." It is usually unnecessary to go into elaborate detail at this time, except perhaps to say that the seed develops in the mother's body and grows into a little baby. Then when it is sufficiently strong, it leaves its mama's body and comes out into the great world.

With this simple, straightforward explanation, the child cannot but have an increased love and respect for its mother, as it demonstrates the actual flesh-and-blood bond between them. And it impresses far better than any fictitious story the fact of the self-sacrificing nature of motherhood.

If the process of sex education has already been started, which is desirable, then the child may already know something of the method of reproduction of flowers and plants, and possibly of domestic animals or household pets. The analogy of the baby and the lower orders of life starting from

a seed and the former growing in the mother's body, until it is strong enough to stand the changes of temperature and climate, will therefore be a simple statement that the child can grasp and associate with the things it has learned or can learn to comprehend at an early age.

The Meaning of Education. Education, in its broadest sense, may be summed up as the process of preparing the child for competent adulthood. Regardless of what methods parents pursue—and they contribute more than any others to the education of the child, because they very largely mould its many faceted character, with all the far-reaching effects that this implies—the results may be considered successful if the young individual develops into a self-reliant adult, a well-balanced personality.

Of course, there are numerous economic, social and other factors involved over which the great majority of parents have little or no control, all of which have their influence upon the future of the individual and his destiny in life. There are bound up in these problems eventualities which no one can foresee or foretell; but the parents who bring up a child that develops into a self-reliant adult have achieved a creditable performance.

The fact that, for one reason or another, so many parents fall short of this accomplishment, is abundant reason for discussing the question at this point.

Generally speaking, people are trained for every pursuit in life, except for marriage and parenthood, which is ample ground for the failure of so many marriages, and for the sorry plight of so many parents. Considering the matter from every angle, it is perhaps remarkable that the results in many cases are not worse. We shall, therefore, discuss the problem of how to improve these conditions.

How to make a man out of the boy; a woman out of the

girl—is the problem very largely of the parents. And by *man* and *woman,* we mean real personalities, not grown-up children who are so plentiful as to give our social fabric a moron level of intelligence.

Many parents seem to regret that their children are growing up; they put all sorts of impediments in their path to development, painful enough at best. Of course, they would deny that they are doing anything of this kind. They assume they are helping and protecting them.

Perhaps the greatest trouble of all among well-meaning but misguided parents—we will not discuss those who are indifferent or do not care, as these are less common—is that they are insistent upon *forcing their own personalities and ideas* upon their children. This, in itself, is a serious handicap in the process of development.

How much more creditable, how much more noble, it would be to develop the character and talents of the child, by example as well as by precept, on the basis of social ethics; by teaching the child to *think for itself,* to learn to solve its own problems, to gain sufficient confidence to make its own decisions about things that will influence its own destiny, to have the initiative to act for itself; to learn to respect and gradually depend upon its own judgment.

Tyranny of Excessive Affection. The tyranny of excessive affection, which is so often shown, may be compared to the blistering sun of the tropics, which affects adversely the head and brain, and too soon blights and withers the victim upon whom its concentrated rays descend. This is also true in married life where the strangling affection of one mate is sometimes thrown like a blanket of constriction upon the other, smothering the possibility of healthy movement and leaving no freedom of action. The old saying of being "loved to death" is a good metaphor, and often lit-

erally true of the personality of the individual so "loved."

Let it be the policy of the parent to offer encouragement when called for; advice and counsel when a constructive purpose is served—which is the only time it is likely to be heeded, anyway; to be firm when the child is unreasonable and imposing upon the rights of others—including those of the parents—but never to attempt to stifle its personality, stunt its mental growth, or cramp its life by cramming it into a stereotyped pattern (usually the parent's own idealized conception of himself, which, after all, does not look so well to anyone else!).

How often the attitude of the parents utterly violates all of these principles that should be the inherent right of the individual! Almost invariably we find that the child has picked out for him his ideas on every conceivable subject—not only his religion, but his future politics, his opinion of the neighbors, often his occupation or profession, and in many parts of the world his marriage partner.

Naturally, under these conditions, unless there is a forcible breaking away from the parental bonds—particularly the psychological ones—at adolescence, the individual remains a grown-up child. To the misinformed (really the selfish) parent, this is a cruel and ungrateful act. But to the developing youth it is an act of self-preservation.

In the human family, as Otto Rank has shown, "the detachment of the growing individual from the authority of the parents is one of the most necessary, but also one of the most painful, achievements of evolution. It is absolutely necessary for this detachment to take place."

The normal, healthy adult has accomplished this. The unadapted adult has failed to make the detachment complete. His very wretchedness is a blind and helpless struggle to free himself from the tentacles of the past. And

yet, paradoxically, he clings to the past and its symbols because he lacks the stamina to stand squarely on his own feet as a genuine adult personality. He is the incomplete product of his parents' own deficiencies.

Psychic Re-education. The whole problem of psychic re-education as a means of overcoming an unadapted personality is based on the proposition of gaining an insight into the psychological relationship between child and parent, and breaking away from the outworn attachments of childhood.

There should be a bond between parents and children, but it should be a sympathetic bond, elastic in texture; if rigid, it will either become a symbol of oppressive authority, or break under the strain, and cause antagonisms.

The sympathetic bond is based on an understanding of the prerogatives of the individual; it is a symbol for mutual consideration and helpfulness, which point of view, when present, the child gradually acquires from its home environment in the course of its development.

It is extremely difficult to correct the attitude of parents who are overbearing, over-indulgent, or unjust toward their children, because they do not seem to possess the faculty to visualize the facts of the situation. In the psychological treatment of neurotics, for instance, it has been demonstrated that the condition in a large proportion of cases is due to an adverse environment in childhood. When one or both parents fail to understand the child, there is present a favorable soil for the development of a neurosis. Sometimes, of course, a child's nervous constitution is so sound and his resistance so strong that he does not become neurotic in such an environment; but that is no credit to the misguided parent or parents.

Rank, who has written most illuminatingly of the different

and changing attitudes of the child toward the typical parents, expresses himself as follows: "For the young child, the parents are in the first place the sole authority, and the source of all faith. To resemble them, *i. e.*, the progenitor of the same sex, to grow up like the father or mother, this is the most intense and portentous wish of the child's early years. Progressive intellectual development naturally brings it about that the child gradually becomes acquainted with the category to which the parents belong, becomes justified in doubting the incomparability and uniqueness with which he had invested them. Trifling occurrences in the life of the child, which induce a mood of dissatisfaction, lead up to a criticism of the parents, and the gathering conviction that other parents are preferable in certain ways, is utilized for this attitude of the child toward the parents."

Let us be just to the child by treating him as an *individual*, and not as a puppet, or rubber-stamp of our own personality. By making him a reflection of someone else, he really becomes a nonentity.

If parents are too prudish to overcome their resistance to truth, to the vital facts of life, for which the child-mind is unconsciously, sometimes consciously, groping, they may be sure that it will soon regard them with the suspicion that their attitude deserves.

We must, with sufficient discipline, guide the child in his formative years through a difficult course of life. But let us do it with the wisdom that will develop and strengthen, and not suppress or retard the growing personality. Let us keep the confidence of our children by telling the truth when answering questions. It is not necessary or desirable that the issue be forced and knowledge beyond the years and comprehension of the child be pressed upon him—but be honest, fair and square.

Curiosity of the Small Child. The small child is an active empiricist. Curiosity is his stock-in-trade. He is an animated interrogation mark, a nosy investigator. No observable detail is apt to escape the focus of his wide-open eyes and ears.

Naturally, among the many lines of divergence that his curiosity takes, there are some that frequently lead into erotic and sexual channels. For these evidences of interest he is usually censured very harshly, which does not discourage this form of curiosity, but rather makes it imperative that it be confined to the branch of secret operation. This is his field of secret diplomacy, and like the international kind, deception and lying become one of its props.

Interest and curiosity in the amative behavior of animals, birds, insects and, last but not least, of parents, must be a powerful factor in influencing the acquisition of knowledge. It undoubtedly plays an important rôle in the shaping of the personality.

Thus it follows that the problem of the origin of children receives much attention from the child. The intense natural craving for knowledge at this stage sometimes creates something of a furore when the seeker directs the inquiry to embarrassed sources. Dr. G. Stanley Hall relates the instance, rather amusing in its development, of a lady teacher in the grades who found on her desk a letter signed round-robin-wise by five of her best girl pupils from ten to twelve years old, which read: "Please explain to us how men originate."

The teacher was confounded and did not know what to do. She finally took the note to the master. He thought the note too grave a question to deal with upon his own authority and took it to the superintendent. The superintendent was no less nonplussed and appealed to the school

committee, who after sapient deliberations, suggested that the teacher ask the parents of these girls to answer the question to their daughters. These school authorities felt themselves either too timid, too ignorant, or unauthorized to give the desired information. At one point the question looked as though it might be passed on for a local referendum to decide upon it as a court of last resort.

"During the preadolescent age," remarks Dr. Edward J. Kempf,[1] "all children, if permitted to pursue a natural course of development, show, frankly, curiosity in all sorts of mechanical devices and sexually significant functions ranging throughout the demonstrations of nature; and, in this promiscuous quest, a convergence of the child's affections tends to become fixed upon things than enchant the love-object (as Darwin's mother's curiosity about the cause of variation in plants). Around the solution of this riddle of the love-object will be developed the vocational career. But woe must befall the child who at this late age has no love-object to make it feel welcome and inspired."

SPECIAL PROBLEMS OF THE BOY

Puberty. The boy is a man-in-the-making, and it is part of our duty to bring him to realize his responsibilities to himself, to his parents whom he loves and who love him, to his fellows as a social being, and, finally, to the future home circle which he himself even now vaguely looks forward to building when he reaches the great goal of manhood.

At this time, there is a rather sudden blossoming out of the whole being, and the formerly callow and undeveloped individual begins to take on characteristics that culminate in the adult. Prominent among the features of this trans-

[1] *Psychopathology,* St. Louis, 1920.

formation are the unfoldment of the sexual life, and the developing of the reproductive powers.

Besides the increase in the size of the sex organs, the muscles of the whole body become larger and firmer, and the so-called secondary sexual characteristics show pronounced development.

In the temperate North American climate, puberty—the initial turning point toward adulthood—usually begins at about the age of thirteen or fourteen, and lasting to seventeen. The whole adolescent period, however, which is a broader term, may be said to extend from about thirteen or fourteen to twenty or twenty-two, ending at the time of acquiring full adult size and development.

On the sexual side, puberty indicates that the boy can produce semen capable of fertilizing the ovum of the female. Thus, the youth comes into new powers and new responsibilities. He is fortunate, indeed, if his training and associations have been such as to develop the strength of character and manliness which will stand him in good stead in this important period, and lay the foundation for a wholesome, healthy and upright manhood.

The secondary sexual characteristics assert themselves very pronouncedly in the youth from the onset of puberty. There is a decided change in the voice, which becomes deeper. The hair begins to grow on the face, soon necessitating the first shave. Hair also grows more abundantly on different parts of the body—in the pubic regions (just above the sexual organs), in the arm-pits, and on the chest.

The girl, too, at the pubescent period, shows a corresponding development of the feminine characteristics. Her figure, previously little differentiated from that of the boy, now undergoes marked changes. Her breasts round out. Her arms and legs become more shapely; the hips enlarge,

and she otherwise gives evidence of the physical charm and gracefulness of young womanhood.

Mental Changes. The mental changes are no less pronounced then the physical. Whereas, heretofore, the boy has been more or less careless (mostly more) in his appearance and rather indifferent to girls, he now shows a decided interest in the opposite sex. This sudden awakening to the attractiveness of feminine charms, and his unpreparedness to cope with the new situation, often results in an awkward feeling of self-consciousness when in the presence of girls. This, of course, normally wears away with the self-assurance that comes with continued associations, although in the case of some young men, the high degree of self-consciousness in the presence of the opposite sex is never lost.

One of the outstanding effects of this changed attitude toward girls is the development of the social impulses. The boy becomes chivalrous toward the fair sex and his gallantry fosters the spirit in him of the protector and defender of girlhood when need be. This is a desirable quality for the boy, and is the basis of a respect for womanhood, which, rightly stated, lasts throughout life.

In early puberty, the self-assertive impulses of the boy and his desire to attract the attention and win the admiration of the girls, or perhaps of some particular girl, lead to a form of braggadocio. He is often as noisily self-assertive as the barnyard rooster. But this crude expression of masculinity ordinarily gives way in the course of time to the more normal attributes of young manhood.

Puberty is also the time when the boy undergoes a spiritual breaking away from the tie which up to this period had bound him quite exclusively to the family circle. This is the beginning of a definite transference of the youthful individual's interest from the home to the outside world.

Figuratively, he pulls loose from the apron-strings dominion of childhood, and while loving his mother no less, his capacity for love and affection broadens out so as to respond to feminine charms elsewhere—and masculine friendships, too.

At this period, new boyhood friendships are formed. There is a tendency toward gregarious or group associations that are characteristic of all social beings. This spirit is constructively fostered, as well as is the desire for the display of physical prowess, by such organizations as the Boy Scouts, and similar activities embracing woodcraft, hiking and other pastimes that bring youth out into the open and in contact with nature.

Lacking these constructive and character-developing opportunities, the adolescent youth too often drifts into the pitfalls of harmful gang activities. As these spontaneous expressions of youthful enthusiasm and mischievousness may easily drift into questionable, and even highly injurious, ways, the desirability of healthy, constructive outlets for the vitality and energy of youth is readily seen.

Sexual Development in Puberty. The development of the sex organs in puberty corresponds with the general physical and mental revolution that is taking place within the man-in-the-making. The process of turning or changing a boy into a man is indeed a revolution. The penis and testicles increase in size, about doubling their former dimensions. As previously stated, the testicles develop the power to produce semen containing spermatozoa, and when these organs become fully capable of procreation, the period of puberty is complete.

Simultaneously with the production of semen which has an external outlet through the penis, an internal sexual secretion is produced, called the sexual or gonadal *hormone,* which

is absorbed into the blood. This internal secretion is responsible for the marked physical and mental changes that take place in the development of the boy at puberty. It is analogous to similar changes that occur in all higher animal life.

Experiments on animals have proved the nature and functions of this internal secretion in influencing the complete development of the individual. If the testicles are removed when the animal is young, thereby depriving it of the sexual hormones when the time comes for them to be produced, the characteristic traits of the male animal do not appear. This is frequently done with roosters to produce heavy capon for food. But the rooster does not grow into the proud cock-of-the-walk that he normally would have been. He is, of course, unable to fertilize the hen, and has no sexual interest in the female chicken. Nor does he develop the comb and spurs that are characteristic of the rooster. Furthermore, he becomes a complaisant, submissive fowl, with none of the aggressiveness of the male. He is literally an unsexed chicken, whose vitality all goes to size and bulk. The removal of the ovaries of the female animal or bird, called "spaying," likewise destroys the characteristic traits and functional activities of the individual of that sex.

In ancient times (and even now in some parts of the world), it was the custom to castrate young boys. Thus the unsexed youth, if he lived—and it is said that as many as four out of five died as a result of the shock to the organism—became a eunuch for the harem of a rich man. It has also been done to prevent the voice of the youth from changing into the deeper voice of the man—developing, in this way, male sopranos.

Night Emissions. When the testicles begin to produce semen during puberty, there results at intervals an accumula-

tion of this secretion. From time to time this must escape, which it does in a natural, normal way in the form of nocturnal or night emissions. That is to say, once or twice a month, sometimes more often, during sleep, the congestion of semen in the testicles is relieved by the escape of the excess secretion through the urethra of the penis.

It is very important that the boy understand the significance of this phenomenon. In many cases, boys have been frightened beyond words when they have first had this experience, and had had no previous knowledge of it. When the boy has been informed of the nature of nocturnal, or night, emissions, and knows that, when they are not too frequent, they are normal sexual manifestations of the male from the time of puberty, he feels reassured when they begin.

This serves, also, to remind the boy of the new responsibility that nature has imposed upon him. He is no longer a *mere boy*. He has definitely reached the turning point between boyhood and manhood. Now experiencing the conscious awakening of his sexual nature, whose powers may be conserved and developed on the one hand, or abused and dissipated on the other, he should recognize the importance to his life as a coming man, to take the former course.

Night emissions may take place without any apparent corresponding mental influence; or they may be accompanied by a dream having some more or less erotic significance. In some cases, the physical reaction upon the nervous system from the congested vessels in the testicles will produce dreams having a bearing upon the situation. In other cases, sexual thoughts cultivated in the daytime will so influence the mind during sleep that the resulting state of mind will cause the testicles to act in the form of an emission.

As stated, night emissions taking place on an average of

from once to twice or three times a month are natural occurrences. When they occur much oftener than this, it is usually due to over-stimulation by encouraging sexual thoughts in the daytime and the excess may have a weakening effect on the system. Too frequent emissions should be sufficient notice to the boy to turn his mind to other and more healthy activities; to devote more of his time to sports, physical effort and those mental pursuits which are dissociated from sexually stimulating trends of thought.

The keynote of all character development and accomplishment is self-control. This implies the maintenance of high ideals, that are the bulwark of the individual throughout boyhood and manhood. It is both an individual and a social asset.

Self-control in the adolescent boy's sexual life is, after all, achieved by the aid of the following measures:

1. A general knowledge of the processes of sex-life throughout nature.

2. The cultivation of an idealism protective alike to the individual and to society.

3. The formation of good, clean habits that are conducive to the mental and physical well-being of the individual. This, of course, includes companionship of wholesome boy and girl friends, plenty of outdoor exercise to develop the muscles and bodily organism as a whole—the better to build up the physical framework of manhood; and the careful avoidance of influences and evil associations which may result in abusing the developing sexual organs.

Masturbation. Masturbation has already been discussed at some length in preceding chapters, but some further reference to the subject seems pertinent at this point. The practice is an unseemly one, and, when it reaches the extent of becoming a habit, may prove injurious. On the other

hand, the ill effects have been grossly exaggerated by many writers of an earlier period who have been more concerned apparently with moralizing than with scientific facts.

Dr. Edward J. Kempf makes the following significant observation relating to this subject: "The practice of some experimental masturbation is almost universal during this age and is not to be considered harmful if not excessive, and if a narcissistic fixation does not occur. That is, if the adolescent does not become more inclined to enjoy secret sexual fancies, self-admiration and self-stimulation than the seeking of a playmate and winning his esteem.

"The stage of adolescence has a most critical influence upon the maturation of the personality. In order to pass beyond the stage of infancy, and know the physiological secrets of its nature, the child, it seems, must actually experiment with itself and learn the truth of its powers. This cannot be adequately taught by reading or prevented by threats of disaster; it must be gone through with, and the less secretive the easier it is for the socialized *ego* to assimilate, control and refine these cravings. Society must, however, uphold the ideal of refinement and maintain adequate means for this purpose, not only in schools and churches, but in playgrounds, athletic games, artistic sublimations, etc."

Again, the same authority says, in reference to the attempt by unwise parents to lead their children aright by tabooing every evidence of the sexual question: *"I have never known an individual, who had fixed autoerotic or perverse cravings, whose history showed that he was treated in his childhood like a true personality when conflicting with his parents.* Most parents seem to suffer from sexual phobia: that is, their fear that the child might inquire about or discover their own sexual secrets (of adolescence, particularly) unconsciously forces them to protect themselves against the

danger of embarrassing questions by tabooing everything pertaining to sex. The child is, therefore, forced to answer its curiosity by accepting the hopelessly erroneous conceptions and wild, frivolous fancies of other children, or rely upon its own imagination and experiments."

Undoubtedly more damage has been done by the well-meaning, but misinformed or over-zealous writers who have told of the frightful results that were bound to occur from masturbation, than has resulted from masturbation itself.

Masturbation is sometimes taken up by very young children as a result of irritation to the *glans penis,* and the attempt to secure relief by rubbing the organ, which illustrates the need for keeping the sexual organs clean. It may also be started by the infant discovering accidentally that handling these sensitive parts gives a pleasant feeling, and so continuing into a fixed habit, like biting the finger nails, picking the nose or playing with other portions of the anatomy.

After getting ourselves straight on this subject, and recognizing that such dire effects as insanity, feeble-mindedness and incurable physical disabilities are not even rare effects of masturbation, it should be stated that the practice is decidedly against the boy's best interests.

The ill effects are, primarily, that it tends to become a habit, and as such causes an undesirable drain on the system, influences adversely the tone of the nervous organization, and thereby retarding or preventing the most complete development of the powers of manhood. And what boy does not aspire to this enviable estate! If the boy's strength and vitality are sapped by masturbation, or other form of sexual abuse, he will be placing a handicap in his own way toward the realization of his highest ambitions and worthiest aims.

There is another concomitant evil associated with the habitual practice of masturbation. As it is necessarily a

secret habit, often accompanied by a feeling of moral guilt, the boy is drawn more and more to himself, becomes isolated and unadaptive, and as such unsocial. It may have a marked influence against his achieving the full vigor of manhood.

Without any unnecessary threats and ridiculous scares, the boy will therefore readily see for himself the desirability of refraining from masturbation; or, having indulged in it, will turn his attention to the healthy, constructive activities of boyhood that have already been alluded to. It is better not to have formed this unseemly habit; but it is never too late to mend.

Preparation for Manhood. Having arrived at the stage of puberty, with a general knowledge of sexual phenomena in nature and of what the continuation of life implies, the boy has the best possible foundation for clean, healthy manhood. He is doubly fortified by the assurance that comes with straight-forward information and sound knowledge, both as to what to expect in the normal course of adolescence, and what to avoid.

With this groundwork, of course, character development and ethical ideals are bound up, and much of the latter depends upon the influence of home environment. Every normal parent is vitally interested in the well-being of the boy and girl, and this interest is most effectively shown by helping the young people to help themselves. They naturally will be influenced by the conduct and habits of their parents and senior members of the household, as well as by companions and chums.

The point is that the status of parent and child involves an element of mutual consideration. It is a reciprocal relationship. Character formation should be achieved by example and precept, and any attempt to secure results by a dominating attitude or by a cut-and-dried formula will as-

suredly fail. We are dealing with the human element, and it has to be handled in a human way. It is primarily a psychological problem, with all the ramifications that are bound up with the mental and physical unfoldment of the human individual.

SPECIAL PROBLEMS OF THE GIRL

The Need of Self-Knowledge. The girl, indeed, is even more essentially in need of self-knowledge than the boy. Because of our age-old social traditions which color our conceptions of right and wrong, as well as for obvious physiological reasons, she has more to lose in the event of a misstep, and more to gain by maintaining inviolate the armor of self-protection. And it cannot be emphasized too strongly that there is no more secure self-protection than self-knowledge.

Every girl, as she approaches the estate of womanhood, is, in fact, striving for self-development, self-expression, self-realization. Whether this endeavor shall be effective or futile depends, in a large measure, upon her general fund of information concerning herself. Self-knowledge, if it be fundamental, broad and sound, is not only a key to one's own measure of self-understanding, and to the high-road to achievement, but it gives us the best possible insight into the methods and motives of our fellow beings.

With the rapid progress that has been made in all branches of human knowledge, it was impossible to hold back any longer the tide of Self-Assertion that has generated in the feminine mind. And the fruition of this revolt against the age-old suppression of opportunity, the withholding of essential knowledge, and the denial of self-expression, is now abundantly in evidence.

It is true that, although there has been a violent breaking

away from many old traditions during the present generation, there is still a great deal to be done to give a constructive basis to the human forces that are now trying to adjust themselves.

The yearning and stress incident to the awakening of the sexual life of the girl at puberty have very far-reaching effects, although normally there is less concentration upon the genital zone than is the case with the boy. But on account of the very fact of the lack of this concentration, there is a wider distribution of the emotional reactions.

In general, the sexual impulse in the young girl manifests itself in the form of reverie, hazy sensations, with presentiments that are apt to lead to melancholy moods. If circumstances bring her in contact with sexually experienced female friends, or other ardently erotic stimuli, the sexual impulse may be transformed into a hectic flame.

Any sort of emotional outlet that lies at hand may be grasped at the time of this upwelling of strange and conflicting forces. In former times the objective emotional interests were found principally in religion, music and esthetics generally. The religious zeal of the young woman at the adolescent period was formerly a very commonplace thing. It was something to which rich and poor alike had recourse; whereas the girl of poor family was denied the opportunity for finding an emotional outlet in music, esthetics or the better examples of romantic literature.

Nowadays, young women are actively identified with every phase of life—commercial, industrial, esthetic, and otherwise that offer opportunities for emotional outlet, as well as material remuneration. In addition to these factors, of course, there is also the great personal freedom which girls and young women now enjoy and, naturally, sometimes abuse.

The love of early youth, Krafft-Ebing remarked, has a romantic, idealizing tendency. In its first manifestation it is platonic, but as sensibility awakens, the danger arises that this passion with its idealizing power will be transferred to persons of the opposite sex who, intellectually, physically and socially, are by no means all that could be desired; hence proceed misalliances, elopements and seductions, with the entire tragedy of premature passion which so often conflicts with the welfare of the individual. Love in which the senses play too prominent a part is seldom a true and lasting love. For this reason, first-love is as a rule transitory, since it is in most cases no more than the first flare of passion.

The sensible young woman will at all times practice restraint in her actions. Nothing so cheapens a girl or woman in the eyes of the opposite sex as permitting liberties and undue intimacies, whether in the misguided endeavor to be a good "sport," or because of outright carelessness. Be sociable and companionable with your friends, and civil and courteous to everyone with whom you come in contact. This consideration of others always wins personal appreciation, and becomes an enviable trait of character; but do not alienate respect by cheapening yourself in the eyes of discriminating persons.

Adolescence. The transformation from girlhood to womanhood is not only accompanied by a comparatively rapid development of the generative system at the adolescent period, but the whole process of transformation seems to hinge upon this characteristic development.

With the onset of puberty, the immediate outward sign of which is the beginning of the menstrual periods, there is also the commencement of an internal chemical process that is far-reaching in its ramifications. All the changes

that are typical of the unfoldment of young womanhood are dependent upon the activity of the bodily chemistry emanating from the internal secretion of the sex glands. When the girl evolves from the awkwardness of her early teens into the grace of young womanhood, it indicates that the hormones are effectively carrying on, stimulating the proper tissues into an activity before unknown to them.

The secondary sexual characteristics, which become well defined from the time of puberty and adolescence, are more superficially apparent on the physical side. They are not by any means confined to the human race, but are universal throughout the animal world.

In animal life, these secondary sexual characteristics assert themselves more pronouncedly during the mating season —for the reason, of course, of bringing the male and female of the species together for propagation. There are some traits, however, that come during the animal's early maturity, corresponding to puberty in human life, and remain permanently.

The permanent characters peculiar to animal life that have a definite secondary sexual connotation, include horns, antlers, tusks, manes, combs, plumes, etc. The sexual significance of these appendages can be proven by the effects of castration and spaying, as already cited.

In the mating season, the coloring and plumage of many animals and birds—particularly of the male, become more brilliant and beautiful. Some are very gorgeous. Other animals have a characteristic odor or perfume, some skin exudations of various kinds. "There is little doubt," Packard states, "that the bright colors of male birds render them more conspicuous and to be more readily chosen by females, for in birds as in higher animals, the female may show a preference for, or an antipathy to, certain males."

Other male animals, not favored by nature with this attractiveness of dress, remain plain to look upon, but are gifted with vocal eloquence or melody-producing throats. Thus, the song-birds pour forth their emotions in song or in uttering various musical notes, while the female is silent. Ornithologists have noted that the female canary shows a preference for the singer that pleases her most.

Physical Changes. Both the human being and the animal are the puppets of fate in the arrangement of their bodily chemistry. To that extent, therefore, they are quite identical in that the evolutionary development and growth of their respective organisms, which include all the physical and many of the psychic attributes of the sex to which they belong, are an unconscious process over which they have practically no direct control. And the indirect control which they may exert can only be consciously exercised by a knowledge of the working of their own organism and in intelligently directing their own emotions.

Some of the secondary physical characteristics of adolescence have been mentioned; and in Chapter IV, the anatomy and physiology of the genital organs have been outlined in some detail. These, as has been stated, undergo a process of rapid development and maturation beginning with puberty.

At the same time the phenomenon of menstruation appears, which indicates that the organs are capable of performing the biological function of motherhood. Of course, it is only too obvious that while nature gives this indication, the girl at this early age is far too immature in general physical and mental growth and preparation to assume the responsibilities and burdens of civilized motherhood. There are several years of growth, development and maturity ahead

of her before she is truly prepared for marriage or motherhood.

Among the principal changes that take place in the girl during puberty are the rounding out of the breasts, the widening of the hips, and a general filling out of the whole body. Furthermore, the growth of fine hair is increased all over the surface of the body, and it grows prominently in the arm-pits and over the *mons veneris* (Venus's mountain), or *pubic region.* It is, indeed, because of this attribute among human beings, *i. e.,* the hairy character of these parts assuming prominence at this time that the word "puberty" gets its name.

There is usually a rapid growth in height beginning with the thirteenth year, due largely to the lengthening of the legs. The arms also greatly increase in length. This form of bone growth continues until the fifteenth year, when the bones have nearly completed their course, and from this time on, the muscles and flesh, which had lagged behind during the past couple of years, begin to gain in volume and tone. This process soon fills out the lanky form of the early adolescent, and there follows a roundness and gracefulness of figure typical of womanhood.

With the increase in size and development of the glandular tissue, the breasts frequently become tender and sensitive, and even painful to touch. This is an indication of the activity in the glandular tissue of the breasts.

Mental Changes. The mental and psychic changes during adolescence are no less striking than the physical. There is a mental awakening that has far-reachnig effects upon the girl, accompanied by the birth of new emotions—hopes, fears, doubts, passions, etc. It is characterized by ill-defined *longings,* with strong feelings of impulse and

independence. There are yearnings for new experiences, which account for the adventuresome and often rash nature of the adolescent. It is a period of restlessness, and ambitions, and dreams, and desires.

The desires and ambitions are varied and of many kinds, and are governed largely by the temperament and environment of the individual. If the young person is studiously inclined, there may be a keen desire to surpass in studies and succeed in examinations. Or the adolescent may desire to leave school and go out into the work-a-day world and earn her own living. Others seek beauty and become interested in music, art, or other esthetic endeavors. The element of romance always looms up strong. As it is an age when symbolism makes a powerful appeal, the idealist often takes a deep interest in religion. The newer movements to interest the adolescent in outdoor activities and in nature—such as the Camp Fire Girls, the counterpart of the Boy Scouts—are doing a great deal of good in giving the energy and restlessness of youth a constructive outlet.

The same feeling is shared by the adolescent boy, who is self-conscious in the presence of girls; but, characteristic of male aggressiveness, he usually attempts to compensate for his feeling of inadequacy by asserting himself, which may lead to grotesque attempts at "showing off"; whereas the girl generally assumes a more passive rôle. Often, however, her make-up and mode of dress take on a flare that indicates a very qualified passivity.

This is the age when girls develop a keen sense of personal taste, and show a decided preference along this line in matters relating to dress and adornment. Ribbons, jewelry, trinkets, fabrics now have a very definite meaning to the average adolescent girl. Whereas, formerly, she may have concurred in the selection of an elder in the purchase

of these articles of apparel and adornment, now her own preferences are paramount when a new acquisition is in order for her personal use. This concentration on trifles of personal embellishment is a lighter aspect of the esthetic sense which the more serious-minded girl expresses in the field of art, music, or literature, or in a love of beauty in nature and elsewhere. In one case, the sense is quite restricted to a self-centered ideal; and in the other it goes out to the world and becomes a social quality.

There is also a change in literary interests. The reading matter now in demand is stories and novels of romance, wherein she can peruse the love episodes of people who are acting the thoughts she feels and fulfil the pictures of her reveries; and, of course, she identifies herself with the heroine. (This latter trait is by no means peculiar to adolescence, as every interested reader of fiction, regardless of age, tends to identify himself, whether he consciously realizes it or not, with the hero or heroine.)

The question of menstruation and other specific problems relating to the sexual life of the young woman have been discussed so fully in Chapter IV that they need not be gone into again here. Other matters having a bearing on sex enlightenment, both to the young man and the young woman, such as an understanding of the problems of sex hygiene, preparation for marriage, venereal diseases and other sexual disorders, can be taken up under their proper headings in the respective preceding chapters.

GLOSSARY

Abortion: Premature expulsion of embryo—during first 3 months of pregnancy. (From 4 to 6 months, generally called "miscarriage"; and from 7 to 9 months, "premature labor.")

Adolescence: The period between puberty and maturity. From 14 to 21 years.

Amenorrhea: Absence, or irregularity, of menstruation.

Anemia: An impoverished condition of the blood. Evidenced by paleness of the skin, loss of energy, and emaciation.

Anteflexion: A bending forward of the womb, upon the cervix.

Anteversion: A turning forward of the womb.

Anus: The outlet of the lower bowel; extremity of the rectum.

Asceticism: The belief that only those who mortify themselves by extreme self-denial will achieve immortal bliss.

Asexual: Without sex; non-sexual.

Aspermatism: Lack of secretion of semen.

Atrophied: Shrunken or wasted. Said of an organ or part of the body. (The opposite condition is hypertrophy.)

Autoerotism: Sexual instinct gratified upon self—without recourse to another person.

Azoospermia: Absence of spermatozoa in the semen.

Balanitis: A venereal disease, characterized by inflammation of the glans penis.

Barren: Sterile; unfruitful; incapable of producing offspring.

Castration: Removal of the testicles. (The removal of the ovaries of the female is called "spaying.")

Catamenia: Menstruation; the monthly "periods."

Celibacy: The unmarried state; a single life; especially referring to those bound by vows not to marry.

Cell: A unit mass of living matter, consisting of a portion of protoplasm (living substance) containing a nucleus.

Cervix: A neck-like part of a body—as of the womb.

Chancre: The hard sore or ulcer which marks the beginning of syphilis.

Chancroid: Meaning "like a chancre." The soft chancre, however, once healed causes no further trouble, as it is not a syphilitic affection.

Chromosome: A portion of the body of the nucleus which in cell-division acts as a unit. Each species has a definite number of chromosomes.

Climacteric: A critical period of life; the menopause.

Clitoris: Small erectile organ at front of the vulva. Homologous to penis of the male.

Coitus: Sexual intercourse between male and female; coition; copulation.

Coitus interruptus: Interruption of the sexual act by "withdrawal" of the male, before emission of the semen.

Conception: Uniting the male element, spermatozoon, with the female element, the ovum. Impregnation.

Confinement: The time of childbirth; the period of parturition.

Congenital: A condition or state existing from birth.

Congestion: Excess of blood in an organ or part of the body.

Conjugal: Relating to marriage.

Consanguineous: Referring to blood-relationship.

Continence: Abstinence; self-restraint particularly with respect to sexual indulgence.

Contraceptives: Measures used to prevent conception; rational birth control methods.

Copulation: Sexual intercourse; coitus; coition.

Cowper's glands: Two small glands forming part of the male genital system.

Cryptorchid: A male whose testicles have not descended into the scrotum, and are retained in the abdomen.

Defloration: The normal act of losing virginity, as distinguished from rape in which violence is used.

Detumescence: Subsidence of anything swollen; referring to the sexual organs after intercourse.

Dominant: The character which prevails to the exclusion of the other, when two opposite characters are inherited from the respective parents.

Douche: A stream of water directed into a cavity or against a part of the body. Usually applied to the flushing of the female vagina.

Dysmenorrhea: Painful and difficult menstruation.

Dyspareunia: Sexual intercourse attended by pain.

Ejaculation: A sudden expulsion; as of the seminal fluid of the male during intercourse.

Embryo: Applied to the child in the womb during the first four months of pregnancy; after that time it is called the "fetus."

Epididymis: A small body attached to the posterior border of the testis.

Epididymitis: Inflammation of the epididymis.

Erection: A part which becomes firm or hard from congestion of blood. Applied to the penis and clitoris, respectively, under sexual excitement.

Erethism: Abnormal increase of nervous irritability.

Erotic: From the Greek Eros—hence pertaining to sensuality and love.

Eroticism: Tendency to erotomania, or craze for sexual intercourse.

Erotocism: Morbid exaggeration of love.

Erogenous zones: "Love-producing" zones; areas particularly susceptible to erotic stimulation.

Esthetics: The capacity or mental faculty for appreciation of the beautiful.

Eugenics: The science of improving stock by good heredity.

Eunuch: A boy or man deprived of the testicles, or of all the external genitals.

Exhibitionism: A morbid or insane tendency to exposure of the genitals.

Fallopian tube: The channel through which the ova pass from the ovaries to the womb.

Fecund: Fruitful; prolific.

Fertilization: Impregnation; the conjunction of the male and female germ cells.

Fetichism: An unreasoning devotion to, or obsession for, an object; in the present sense, associated with an object worn by, or a part of the person of, the opposite sex, which excites sexual passion.

Fetus: The child in the womb after the fourth month of pregnancy. (Before that time it is called the "embryo.")

Genitalia: The organs of generation.

Germ cell: A reproductive cell (spermatozoon or ovum).

Gonad: A reproductive gland; a testicle or ovary, respectively, of the male or female.

Gonococcus: The minute vegetable germ which causes gonorrhea.

Gonorrhea: A venereal disease characterized by a discharge of pus from the genital passages.

Gynecologist: A physician who specializes in the diseases peculiar to women.

Heterosexual: Belonging to or connected with the other sex. A person normally constituted sexually.

Homosexual: Belong to or connected with the same sex. A person of unnatural sexual constitution.

Hormone: A substance produced by a ductless or endocrine gland (the testes and ovaries among others), which directly enters the blood and exerts an influence over other glands and organs.

Hygiene: The science of health and how to preserve it.

Hymen: The membranous fold at the entrance to the vagina. The "maiden-head."

Hyperesthesia, sexual: Marked increase of sexual feeling.

Hypertrophy: Increased size of an organ or part of the body.

Hypoesthesia: Decreased sensibility. The opposite of hyperesthesia.

Hysteria: Functional neurosis with abnormal sensations, emotions, or paroxysms—more prevalent among women, although sometimes occurring in men.

Impotence: Lack of power generally; specifically, lack of sexual power.

Impotentia cocundi: Inability to have sexual intercourse.

Impotentia generandi: Inability to have children.

Impregnation: Fertilization; fecundation; fusion of the male and female germ cells.

Intercourse, sexual: Sexual union; coitus; copulation.

Intermenstrual: Symptoms between the monthly periods.

Intrauterine: Anything within the womb.

Labia majora: The "large lips"; two folds of skin at the outer opening of the female genitals.

Labia minora: The "small lips"; two smaller folds inside the labia major.

Leucorrhea: A whitish-yellow or greenish discharge from the vagina; the "whites."

Libido: Sexual urge, craving or desire.

Locomotor ataxia: A disease of the spinal marrow, due to syphilis, producing a staggering walk.

Mammals: Having breasts or teats. Animals that suckle their young.

Masochism: A form of sexual aberration or perversion in which the subject requires cruel treatment before experiencing sexual gratification.

Masturbation: Self-abuse; producing a genital orgasm by mechanical stimulation of the genitals.

Menopause: The climacteric; change of life. Permanent cessation of menstruation.

Menorrhagia: Profuse or excessive menstrual flow.

Menses: Months; hence the flow of blood from the womb each month.

Menstruation: The periodical flow from the womb, normally every 28 days, or "lunar month."

Metabolism: The sum of the physiological processes connected with nutrition: *i. e.*, the building up of new tissue, supplying energy, and the breaking down of living matter into waste-products which are excreted.

Metrorrhagia: A flow of blood from the uterus between the periods.

Miscarriage: The expulsion of the fetus between the third and sixth months of pregnancy. (Before that time it is usually called "abortion," and later, "premature labor.")

Mons Veneris: "Venus's mountain"—the eminence at the upper side of the external genitals of the female.

Mucous: Membranes which make mucus.

Mucus: The watery fluid or slime produced by such membranes.

Onanism: Sexual congress in which, to prevent impregnation, the male organ is withdrawn before the semen is expelled.

Oophorectomy: Removal of one or both of the ovaries.

Ophthalmia: Inflammation of the moist lining of the eye-lids.

Neonatorum: Referring to that form of inflammation suffered by new-born babies as a result of gonorrheal germs contracted in the mother's birth canal.

Orgasm: The climax of sexual intercourse, evidenced in the male by the discharge of the semen; and in the female by the escape of the contents of the vulvo-vaginal glands.

Ovaritis: Inflammation of the ovaries.

Ovary: The female gland or organ in which the germ cells—the ova—are produced.

Oviducts: The Fallopian tubes (which see).

Ovulation: Process of formation and discharge of the ovule, at or about the same time as the monthly period.

Ovum: The female germ cell, or egg, after fertilization. (Before fertilization it is termed an "ovule.") Plural: *ova.*

Pantagamy: A sexual practice formerly in vogue among the members of the Oneida Community of New York State, and called by them "male continence." It consisted of prolonging sexual intercourse much beyond the usual time by will-power of the male, and without discharge of semen.

Parturition: The act of giving birth to young.

Pathology: That branch of medical science which treats of disease.

Pelvis: "A basin," the bony ring formed by the hipbones on the two sides and the backbone behind, surrounding some of the sexual organs of the male and most of the female genital organs.

Penis: Male organ for uniting the sexes.

Perineum: The space between the thighs from anus to genitalia.

Peritoneum: Membrane lining of the abdominal cavity.

Peritonitis: Inflammation of this lining.

Perversion: The state of being turned away from the normal course. Hence sexual perversion means an unnatural way of gratifying sexual desire.

Phenomena: Events or appearances out of the ordinary.

Phobia: A continuous dread or fear of some event or circumstance.

Placenta: The "after-birth"; a plate-like mass of tissue and blood-vessels that supplies nourishment to the fetus.

Potentia coeundi: Power or ability to have sexual intercourse.

Potentia generandi: Power or ability to have children.

Potentia senilis: Referring to the state of aged men who retain power or ability to have intercourse.

Pregnant: Being with child; "in a family way."

Premature labor: Childbirth before the full term (280 days), but within two months of the usual time, when the child is capable of survival.

Prepuce: The foreskin of the penis (male), and of the clitoris (female).

Prolapse: A descent or falling down of an organ, as of the womb.

Prostate: A gland of the reproductive system of the male, surrounding the lower end of the bladder.

Prostitution: Debasement; Offering the body for sexual purposes at a price.

Prurient: From the Latin for "itching"; hence itching for forbidden knowledge, especially relating to sex.

Pseudo: Prefix meaning false or counterfeit.

Puberty: The time of life when reproduction becomes possible.

Quickening: The first movements of the child in the womb felt by the mother.

Rape: Sexual intercourse forcibly and against the will. Generally on females; sometimes by women on boys.

Recessive: The character which does not appear, or remains dormant, when two opposite characters are inherited from the respective parents.

Rectum: The lower part of the large intestine, and its terminus.

Retroflexion: A bending backward of the womb. (A further stage of retroversion.)

Retroversion: A turning back of the womb. (Not so severe as retroflexion.)

Sadism: A form of sexual aberration or perversion in which violent or cruel treatment of the partner produces sexual gratification.

Salpingectomy: The cutting out of part or all of a Fallopian tube.

Salpingitis: Inflammation of the Fallopian tubes.

Satyriasis: A form of insanity in men, in which they experience uncontrollable sexual desire.

Scrotum: The wrinkled skin pouch containing the testes.

Semen: A whitish fluid produced by the male generative glands, the important element of which is the spermatozoa.

Seminal emissions: Escape of the semen at other times than during sexual intercourse, usually during sleep.

Sexual anesthesia: Absence of sexual feeling or desire.

Spaying: Removal of the ovaries. Technically called "oophorectomy."

Spermatorrhea: Involuntary discharge of semen.

Spermatozoa: The motile animalcules in the male semen; the fecundating element.

Spirochæta pallida: The "pale spiral" germ of syphilis—an infinitesimal animal organism. The *treponema pallidum.*

Sterility: Barrenness; inability to procreate offspring.

Syphilis: A chronic, infectious venereal disease, which may also be hereditary.

Testicles: The testes; the principal sexual secreting glands of the male.

Tumescent: Swollen, enlarged. Referring to the genital organs of both sexes when prepared for coitus.

Urethra: The channel—long in the male, short in the female—through which the urine is voided from the bladder.

Uterus: The Latin name for the womb.

Vagina: The passage from the vulva to the womb, for coitus, and through which the child is born—hence the "birth-canal."

Vaginismus: Painful spasm of the muscles surrounding the vagina.

Vas deferens: The tube through which the seminal fluid leaves the testicles.

Vesicles, seminal: The sac-like reservoirs that hold the semen.

Virginity: State of women who have never experienced sexual intercourse.

Viscera: The contents of the body cavities.

Vita sexualis: Latin for "sexual life."

Vulva: External genital organs of the female.

Vulvovaginal gland: Bartholin's gland. A small mass on each side of the vulva. During coitus it furnishes much mucus for lubricating the parts.

Wassermann Test: A serum-test used in the diagnosis of syphilis.

Womb: The uterus; the hollow, muscular, female organ of gestation.

X-Chromosome: A chromosome with a sex-determining function, in the sense that when two X-chromosomes are present in a fertilized ovum, it develops into a female; when only one, into a male. Also called "accessory chromosome."

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